

# 2015 Delta Dental Plan Comparison Chart

The provider panel can change without notice. Employees are responsible for verifying that their provider is part of the network before obtaining services. To verify, contact the provider directly or visit the Delta Dental website at [www.deltadentalco.com](http://www.deltadentalco.com).

Delta Dental Plan	Delta Hi-Option PPO		Delta Standard-Option PPO	
	Policy #1512 <sup>(1)</sup>		Policy #1844	
	PPO Dentist	Non-Participating Dentist	PPO Dentist	Non-Participating Dentist
<b>Annual Maximum Benefit</b>	\$2,000 per individual	\$1,500 per individual	\$1,500 per individual	
<b>Calendar Year Deductibles</b>				
Per Person	\$50		\$50	
Per Family	\$150		\$150	
<b>Routine Dentistry</b> <sup>(2)</sup>		<sup>(5) (6)</sup>		<sup>(5)</sup>
Cleaning	100%	80%	100%	80%
Oral Exams	100%	80%	100%	80%
X-Rays	100%	80%	100%	80%
Sealants <sup>(3)</sup>	100%	80%	100%	80%
<b>Basic Dentistry</b> <sup>(4) (6)</sup>		<sup>(5) (6)</sup>		<sup>(5) (6)</sup>
Fillings	90%	50%	80%	50%
Extraction	90%	50%	80%	50%
Root Planning/Quadrant	90%	50%	80%	50%
<b>Major Dentistry</b> <sup>(6)</sup>		<sup>(5) (6)</sup>	<sup>(5) (6)</sup>	
Crown (full cast)	60%	50%	50%	
Denture repair	60%	50%	50%	
Bridge	60%	50%	50%	
<b>Orthodontia</b>	<sup>(6)</sup>			
Orthodontic Benefit	60%		Not covered	
Lifetime Maximum	\$2,000		Not covered	
<b>Implant Coverage</b>	All steps included		Not covered	
<b>Prevention First</b>	Included		Included	

## Notes:

- (1) Employee and plan receive discounted contract pricing if a PPO In-Network provider is utilized.
- (2) Deductible does not apply to routine dentistry services.
- (3) Sealants for permanent teeth for children through age 14 are a covered benefit on all plans as a routine dentistry service. **NEW for 2015 sealants for pre-molars are covered.**
- (4) Resin or Composite filling will be covered at the same benefit as amalgam filling.
- (5) Services received by a Non-Participating dentist are reimbursed at the allowable Maximum Plan Allowance (MPA) for non-contracted dentist. Members will be responsible for the difference between the allowable fee for non-contracted provider and the billed amount. By using a Delta Dental contracted provider PPO or Premier the member will not be balanced billed for the difference between the allowable MPA fee and the billed amount, must be written off by provider.
- (6) The deductible applies to these services.
  - The plan will pay 50% coinsurance for one occlusal mouth guard per lifetime to prevent grinding.
  - Over-the-counter (OTC) mouth guards will be excluded under the Dental Plan.
  - The coinsurance will apply towards the Annual Plan Maximum.