

Delta PPO Dentists

Delta Premier Dentists

IN-NETWORK – amounts listed are what the plan pays

DEDUCTIBLE

Individual / Family	\$50 / \$150	\$50 / \$150
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ANNUAL MAXIMUM

Per covered person	\$2,000	\$2,000
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PREVENTIVE CARE

Oral Exams, Cleanings, Fluoride Treatment, X-Rays	100%	100%
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BASIC PROCEDURES

Sealants, Fillings, Denture Repairs, Root Canals, Gum Treatment	100%	80%
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MAJOR PROCEDURES

Crowns, Inlays, Onlays, Cast Restorations, Dentures, Bridges, Implants	60%	50%
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ORTHODONTIA (Children up to age 19)

Lifetime Maximum	50% up to \$1,500	50% up to \$1,500
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OUT-OF-NETWORK

Refer to Summary of Benefits and Coverage

BI-WEEKLY COST FOR DENTAL COVERAGE

Employee Only	\$9.37
Employee + Spouse	\$24.74
Employee + Child(ren)	\$24.74
Employee + Family	\$24.74