



Dental Plans

Delta Preferred Dentists IN NETWORK	Delta Premier Dentists OUT-OF-NETWORK	Non-Delta Dentists OUT-OF-NETWORK
Your out-of-pocket expense will probably be less because Preferred Dentists have agreed to charge Preferred Patients reduced fees.	You will be charged no more than the fees approved by Delta as customary and reasonable.	You will be responsible for the dentist's fees, which may be higher than those approved by Delta
Claims forms will be completed and submitted for you at no charge.	Claims forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.
You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may have to pay the entire amount in advance and wait for reimbursement.

*"Patient share" is the co-payment, any deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage. Some examples of services **not covered** are cosmetic dentistry, experimental procedures, services to correct congenital malformations, and **fluoride treatments for anyone 19 years or older.**

	High Option		Low Option	
	In Network	Out-of-Network	In Network	Out-of-Network
Who's covered	Primary enrollee and spouse as well as dependent children to age 25, students to age 25		Primary enrollee and spouse as well as dependent children to age 25, students to age 25	
Deductibles and Benefits Maximum	\$75 per person per calendar year. \$150 per family per calendar year: \$1250 per person. Orthodontic Lifetime Max \$750		\$75 per person per calendar year. \$150 per family per calendar year: \$1000 per person. Orthodontic Lifetime Max \$500	
Diagnostic & Preventive* - Oral Exams, Teeth Cleaning, X-rays, 2 visits per year	100% of DPO fee schedule**	100% of UCR (Usual, Customary and Reasonable)	100% of DPO fee schedule**	100% of UCR (Usual, Customary and Reasonable)
Basic Benefits* -- simple extractions, fillings, simple restorations, miscellaneous restorations; denture repairs, sealants, endodontics (root canals); periodontics (gum treatment)	80% of DPO fee schedule	80% of UCR (Usual, Customary and Reasonable)	80% of DPO fee schedule	80% of UCR (Usual, Customary and Reasonable)
Major Benefits* -- Crowns, Jackets and cast restorations, and prosthodontics*	60% of DPO fee schedules	60% of UCR (Usual, Customary and Reasonable)	50% of DPO fee schedule	50% of UCR (Usual, Customary and Reasonable)
Orthodontic Benefits* Adult and Children	50% of DPO fee schedules	50% of UCR (Usual, Customary and Reasonable)	50% of DPO fee schedule	50% of UCR (Usual, Customary and Reasonable)

* Please refer to your Evidence of Coverage for limitations on these benefits.

** No deductible applies to these services