

Comparing Your Dental Plan Options

We recommend using this brief overview as a reference tool to understand your different dental plan options.

Coverage Type	Traditional Dental Plan		Premier Dental Plan	
	In-Network	Out of Network	In-Network	Out of Network
Paycheck Deduction	Lowest		Highest	
Deductible (The amount you must pay prior to the plan paying any benefits, except where otherwise noted.)				
Individual	\$50	\$50	\$25	\$25
Family	\$100	\$100	\$50	\$50
Coinsurance (Your share of the reasonable and customary (R&C) charges once the annual deductible, if applicable, has been satisfied.)				
Type A: Preventative (cleaning, exams, X-rays)	0%	0%	0%	0%
Type B: Basic Restorative (fillings, extractions)	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Type C: Major Restorative (bridges, dentures)	50% after deductible	50% after deductible	20% after deductible	20% after deductible
Type D: Orthodontia	50%	50%	10%	10%
TMJ	Not Covered	Not Covered	10% after deductible	10% after deductible
Annual Maximum Benefit (Annual amount plan will pay for each covered member)				
Per Person	\$1,500	\$1,500	\$2,500	\$2,500
Orthodontia Lifetime Maximum				
Per Person	\$1,500	\$1,500	\$2,500	\$2,500
Eligible for Orthodontia services	Your children up to age 20		You, your spouse, and children up to age 26	

Note: Reasonable and Customary (R&C) charges are based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by Delta Dental. Out of network providers may balance bill for charges above R&C.

Please refer to plan materials for complete detail. If there are any inconsistencies between this summary of dental benefits and the official plan documents, the plan documents will govern.

