

DENTAL PLANS

Delta Dental Premier Plan (DPPO) 1-800-237-6060

Delta Dental Premier Plan is a PPO Plan that includes two dental networks: the Premier Network includes 90% of dentists in the area. The PPO Network is smaller and when used has a higher reimbursement rate.

- Coverage includes preventive care, basic care, and major services
- **Does not** cover orthodontics
- Has a \$1500 plan year maximum benefit

Delta Dental EPO (DEPO) 1-800-237-6060

Delta Dental EPO Plan functions under the PPO provider network. You may only see a dentist within that network. There is no Out-Of-Network coverage.

- Most basic dental services are covered at 100% or a Copay per service is assessed
- Covers orthodontics with some exclusions, co-insurance and a lifetime maximum.

DENTAL PLAN COMPARISON

Delta Dental PPO / Premier Plan	EPO <i>*Uses PPO Network</i>
Annual Deductible - \$50/Person \$1500 Plan Year Maximum Benefit	No Annual Deductible
Diagnostic & Preventive Care 100% Covered <ul style="list-style-type: none"> • Oral Exams & Cleanings • Fluoride Applications • Bitewing X-rays • Panelipse X-rays • Space Maintainers 	Diagnostic & Preventive Care 100% Covered <ul style="list-style-type: none"> • Oral Exams & Cleanings • Fluoride Applications • Bitewing X-rays • Pan-ellipse X-rays • Space Maintainers
Basic Dental Care 90% PPO 80% Premier <ul style="list-style-type: none"> • Amalgam Fillings • Composite Fillings • Stainless Steel Crowns • Oral Surgery • Denture repair & Re-cementation of crowns, bridges, dentures • Sealants • Endodontic Services/Root Canal • Periodontics Services 	Basic Dental Care <ul style="list-style-type: none"> • Amalgam Fillings - No Charge • Composite Fillings (Copay) • Stainless Steel Crowns (Copay) • Oral Surgery (Copay) • Denture repair/ Re-cementation of crowns, bridges, dentures (Copay) • Sealants (Copay) • Endodontic Services/Root Canal (Copay) • Periodontics Services (Copay)
Major Dental Care 60% PPO 50% Premier <ul style="list-style-type: none"> • Prosthodontics/Dentures/Bridges Crowns 	Major Dental Care <ul style="list-style-type: none"> • Prosthodontics/Dentures/Bridges (Copay) • Crowns(Copay)
Orthodontic Services <ul style="list-style-type: none"> • Not Covered 	Orthodontic Services <ul style="list-style-type: none"> • \$2,500 lifetime maximum – 50% co-insurance