

Town Of Canton
Comparison of
Delta Dental PPO Plus Premier Plan Options

Delta Dental PPO Plus Premier National Networks <u>High Plan Option</u> 314,000 Dentist Locations	Delta Dental PPO Plus Premier National Networks <u>Basic Plan Option</u> 314,00 Dentist Locations
<p><u>100% Coverage on:</u> Diagnostic Preventive</p> <p><u>80% Coverage on the following:</u> member pays 20% coinsurance Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p><u>50% Coverage on the following:</u> member pays 50% coinsurance Crowns</p> <p>Implant is covered as Type III to replace one missing tooth (in lieu of a three-unit bridge, and when the adjacent teeth do not require crowns.) Once per 60 months per implant. Pretreatment estimate advised.</p> <p><u>Prosthodontics:</u> Dentures once within 60 months. Fixed Bridges & Crowns: when part of a bridge/ once within 60 months.</p> <p><u>Orthodontics:</u> covered at 100% of Maximum Plan Allowance up to age 19. \$1000 separate Lifetime maximum.</p> <p><u>Calendar Year Deductible (January-December)</u> \$50 per individual/\$150 cap per family (waived for Diagnostic & Preventive services).</p> <p><u>Calendar Year Maximum (January –December):</u> \$1,000 per person per family member.</p> <p><u>Rollover Max Available</u> - A Delta Dental benefit feature that lets you roll over part of your unused spending in one year to increase your benefits for the following year and beyond. –</p> <p>Eligible dependents are covered to age 19 & Fulltime Students to age 23.</p> <p>Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to the service to assist the member in understanding their benefits.</p> <p>Limitations Do Apply</p>	<p><u>100% Coverage on:</u> Diagnostic Preventive</p> <p><u>80% Coverage on the following:</u> member pays 20% coinsurance Restorative Oral Surgery Endodontics Periodontics Prosthetic Maintenance Emergency Dental Care</p> <p><u>No Coverage on Basic Plan for Major Restorative Services:</u> N/A</p> <p>N/A</p> <p><u>No Coverage</u></p> <p><u>Calendar Year Deductible (January-December)</u> \$25 per individual (waived for Diagnostic & Preventive services).</p> <p><u>Calendar Year Maximum (January –December):</u> \$750.00 per person per family member.</p> <p>N/A</p> <p>Eligible dependents are covered to age 19 & Fulltime Students to age 23</p> <p>Delta Dental recommends a Pre-Treatment Estimate for dental work of \$300 or more prior to the service to assist the member in understanding their benefits.</p> <p>Limitations Do Apply</p>
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