

DELTA DENTAL 1-800-942-0667

SERVICES	DeltaPremier (Traditional Dental Plan)	DPO Dentist
DIAGNOSTIC		
<ul style="list-style-type: none"> • Oral Examination • Emergency Treatment for Pain • X-rays 	100% R&C * Two per year (Jan. 1 through the following Dec. 31) 100% R&C 90% R&C. Full mouth every 5 years. Bitewings once per year	100% Two per year (Jan. 1 through the following Dec. 31) 100% 100% Full mouth every 5 years. Bitewings once per year
PREVENTIVE		
<ul style="list-style-type: none"> • Prophylaxis - Cleaning of Teeth • Application of Fluoride • Space Maintainers • Sealants 	100% R&C Two per year 100% R&C for persons under age 20 100% R&C for persons under age 19 Not covered	100% Two per year 100% for persons under age 20 100% for persons under age 19 Not covered
RESTORATIVE		
<ul style="list-style-type: none"> • Fillings: Amalgam, Composite • Crown - Porcelain or Full Cast with Precious, Semiprecious, or Nonprecious Metals 	90% R&C 90% R&C	100% 90%
ENDODONTICS		
<ul style="list-style-type: none"> • Root Canal Therapy 	90% R&C	100%
PERIODONTICS		
<ul style="list-style-type: none"> • Treatment for Diseases of Gum and Tissue of the Mouth 	90% R&C	100%
ORAL SURGERY		
<ul style="list-style-type: none"> • Extractions - Simple and Surgical 	90% R&C	100%
PROSTHODONTICS		
<ul style="list-style-type: none"> • Complete Denture • Partial Denture - Chrome, Acrylic • Partial Denture - Chrome, Cast • Fixed Bridge - Full Cast or Porcelain Fused with Precious, Semiprecious, or Nonprecious Metals 	50% R&C 50% R&C 50% R&C 50% R&C	70% 70% 70% 70%
ORTHODONTICS		
<ul style="list-style-type: none"> • Teeth Straightening Under Age 19 • Teeth Straightening Over Age 19 	50% R&C to a lifetime maximum of \$1,800 Not covered	60% to a lifetime maximum of \$1,800 Not covered
ANNUAL DOLLAR MAXIMUM	Up to \$1,600 per person per year (Jan. 1 through the following Dec. 31)	Up to \$1,600 per person per year (Jan. 1 through the following Dec. 31)
PROVIDERS	Services may be obtained from any dentist or physician licensed to perform dental services	Services may be obtained from any DPO dentist or physician licensed to perform dental services

IMPORTANT NOTE

The information contained on this comparison is to help you and your family make a choice among the different dental options available to you. Be sure to carefully study each option before making your informed choice. As always, you and your family members have the ultimate responsibility to choose your dentists and other providers, and the dental care services you do or do not receive, irrespective of dental benefits payable. This comparison summarizes some of the provisions and certain features of each plan. It cannot modify or affect the coverage or benefits in any way. No right will accrue to you and/or your eligible dependents because of any statement or error in or omission from this comparison. Its provisions do not constitute terms or conditions of employment. If you are a member of a collective bargaining unit, the provisions in the Collective Bargaining Agreement between your Union and the Corporation determine the coverage and benefits.

*Reasonable and Customary