



For 2019, the plan you were enrolled in will no longer be offered. You will be automatically enrolled in the **Delta Dental Premier - Plan C Prime - C**. Below is a comparison of your new plan and your 2018 plan.

	New 2019 Plan	Current 2018 Plan	
SUMMARY OF COVERAGE	Premier Plan C Prime - C (with orthodontia)	Premier Plan C Plus - HC (with orthodontia)	
	Adult/Child	Adult	Child
<b>Deductible</b> per person per calendar year	\$50*	\$50*	\$25*
<b>Annual Benefit Maximum with To Go<sup>SM**</sup></b>	\$1,000	\$1,000	
<b>Diagnostic &amp; Preventive Services</b> (check-ups, teeth cleaning, x-rays, maintenance therapy)	0%	0%	0%
<b>Basic Services</b> (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20%	20%	50%
<b>Major Services</b> (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings, gum and bone diseases, complex procedures, cast restorations - crowns, inlays, onlays, posts, cores, bridges and dentures)	50%	50%	50%
<b>Medically Necessary Orthodontia</b> (only applies to in-network)	Not covered	Not covered	50% for child only
<b>Child Annual Out-of-Pocket Limit</b> (only applies to in-network)	Does not apply	Does not apply	\$350 per child or \$700 for all children under 21
<b>Corrective Orthodontia Benefit &amp; Lifetime Maximum</b> (up to age 19)	50% copay and \$1,500 lifetime maximum	50% copay and \$1,500 lifetime maximum	

H = High Child Plan C = Corrective Orthodontia  
 Percentages shown are what the patient pays when seeing an in-network dentist.  
 \*Deductible is waived for all diagnostic and preventive care  
 \*\* To Go<sup>SM</sup> annual maximum carryover - see Benefits Certificate for details.  
 The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.