

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

	New 2019 Plan	Current 2018 Plan	
SUMMARY OF COVERAGE	PPO plus Premier Plan A Prime	PPO plus Premier Plan A Plus - L	
	Adult/Child	Adult	Child
Deductible per person per calendar year	\$25*-50	\$25*-50	\$75*
Annual Benefit Maximum with To Go^{SM**}	\$1,500	\$1,500	
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	20-30%	20-30%	0-50%
Basic Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	50%	50%	50%
Major Services (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%
Medically Necessary Orthodontia (only applies to in-network)	Not covered	Not covered	50% for child only
Child Annual Out-of-Pocket Limit (only applies to in-network)	Does not apply	Does not apply	\$350 per child or \$700 for all children under 21

L = Low Child Plan

Percentages shown are what the patient pays when seeing an in-network dentist.

* Deductible is waived for all diagnostic and preventive care (except for adults when seeing a Premier network dentist).

** To GoSM 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.