

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

	New 2019 Plan	Current 2018 Plan
SUMMARY OF COVERAGE	<b>Premier Plan A Prime - C</b> (with orthodontia)	<b>Premier Plan A</b> (Plan 204 with orthodontia)
<b>Deductible</b> per person per calendar year	\$25*	Individual - \$25** Family - \$75**
<b>Annual Benefit Maximum with To Go<sup>SM</sup>***</b>	\$1,500	\$1,500
<b>Diagnostic &amp; Preventive Services</b> (check-ups, teeth cleaning, x-rays, maintenance therapy)	20%	20%
<b>Basic Services</b> (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	50%	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%
<b>Implants</b>	60%	50% Implants limited to the amount paid for a bridge
<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

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.

\*\* Deductible is waived for check-ups and teeth cleanings only.

\*\*\* 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.