2019 Plan Comparison | PPO plus Premier – Plan B Prime

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 B 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 B Prime**	**PPO Plus Premier Plan B** (Plan 407)
Deductible per person per calendar year	$25*-50	Individual – $25**-50 Family – $75**-150
Annual Benefit Maximum with To Go℠***	$2,000	$2,000
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	0-10%	0-10%
Basic Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	20-30%	20-30%
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%
Implants	60%	50% Implants limited to the amount paid for a bridge

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℠ 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.