



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 - C (with orthodontia)**. 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 - C (with orthodontia)	PPO plus Premier Plan B (Plan 406 with orthodontia)
Deductible per person per calendar year	\$25*-50	Individual - \$25**-50 Family - \$75**-150
Annual Benefit Maximum with To GoSM***	\$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
Corrective Orthodontia Benefit & Lifetime Maximum (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 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.