



For 2019, the plan you were enrolled in will no longer be offered. You will be automatically enrolled in the **Delta Dental Employee Choice PPO plus Premier – Preferred 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 Preferred Prime	PPO plus Premier Voluntary Comprehensive
Deductible per person per calendar year	\$50*-150*	\$50-150
Annual Benefit Maximum	\$1,000	\$1,250
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	0%	20-30%
Basic Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	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%	40-50%

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

*Deductible is waived for all diagnostic and preventive care.

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.