

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 – Preventive Prime**. Below is a comparison of your new plan and your 2018 plan.

	New 2019 Plan	Current 2018 Plan
SUMMARY OF COVERAGE	<b>PPO plus Premier Preventive Prime</b>	<b>PPO plus Premier Voluntary Preventive</b>
<b>Deductible</b> per person per calendar year	\$50	\$50
<b>Annual Benefit Maximum</b>	Unlimited	Unlimited
<b>Diagnostic &amp; Preventive Services</b> (check-ups, teeth cleaning, x-rays, maintenance therapy)	20-30%	20-30%
<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)	Not covered	Not covered

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

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.