



EO 1680977777

The Delta Dental 50 plan replaces the current Delta Dental plan.

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	Current Delta Dental			EO Delta Dental 50		
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network
Annual Deductible						
For one Member	\$25	\$25	\$25	\$50	\$50	\$50
For an entire Family	\$75	\$75	\$75	\$150	\$150	\$150
Annual Plan Maximum						
For one Member	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
Preventive*						
Periodic Exams / X-rays	100%	100%	100%	100%	100%	100%
Prophylaxis (cleanings) / Periodontal Maintenance						
Sealants						
Space Maintainers						
Topical Application of Fluoride						
Basic						
Restorative Fillings	80%	80%	80%	80%	80%	80%
Oral Surgery (extractions & certain minor surgical procedures)						
Endodontics (treatment of teeth with diseased or damaged nerves)						
Periodontics (treatment of diseases of the gums and supporting structures of the teeth)						
Major						
Implants	50%	50%	50%	50%	50%	50%
Crowns and other cast restorations						
Dentures and bridges (construction or repair of fixed bridges, partial, and complete dentures)						
Orthodontia						
Eligible employee and dependent	50% up to a lifetime maximum of \$3,000			50% up to a lifetime maximum of \$3,000		

*Deductible waived for preventive

Note - This is a high level plan summary. Refer to plan documents for complete descriptions of coverage.