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## DENTAL PLAN OPTIONS



	DELTA DENTAL – HIGH PLAN		DELTA DENTAL – LOW PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Max	\$1,500	\$1,500	\$750	\$750
Calendar Year Deductible	\$50 / \$150 (waived for preventive) and for children under 13	\$50 / \$150 (waived for preventive) and for children under 13	\$50 / \$150 (waived for preventive) and for children under 13	\$50 / \$150 (waived for preventive) and for children under 13
Preventive	100%	100%	100%	100%
Basic	80% (100% covered for children under 13)	80% (100% covered for children under 13)	80% (100% covered for children under 13)	80% (100% covered for children under 13)
Major	50% (100% covered for children under 13)	50% (100% covered for children under 13)	50% (100% covered for children under 13)	50% (100% covered for children under 13)
Orthodontia – Children to age 19	50%	50%	Not covered	Not covered
Orthodontia Lifetime Maximum	\$1,500	\$1,500	N / A	N / A