

2020 DELTA DENTAL BENEFITS COMPARISON

SERVICE	DELTA BASIC DENTAL (Single/Family Coverage)	DELTA PREMIER DENTAL (Single Coverage Only)
DIAGNOSTIC/PREVENTATIVE (No Deductible)	Exams, x-rays, cleaning, fluoride treatments, pulp vitality tests, sealants & space maintainers for dependent children. 100 % reasonable & customary	Exams, x-rays, cleaning, fluoride treatments, & pulp vitality tests. 100 % reasonable & customary
BASIC RESTORATIVE	Fillings, root canals, extractions, oral surgery, emergency treatment for relief of pain & endodontics. 65% reasonable & customary	Fillings, root canals, extractions, oral surgery, emergency treatment for relief of pain, endodontics & periodontics. 80% reasonable & customary
MAJOR RESTORATIVE	Crowns 65% reasonable & customary	Crowns 80% reasonable & customary.
MAJOR PROSTHETIC	No Coverage	Full & partial dentures. Denture relining, rebasing, & repair. Fixed bridges, bridge abutment, crowns, & gum surgery involving bones supporting the teeth. 80% reasonable & customary.
DEDUCTIBLE	\$25 Annual Deductible	\$25 Annual Deductible
MAXIMUM YEARLY BENEFIT	\$500 Per Person	\$1,000 Per Person

Visit www.deltadentalmn.org for participating providers in the Delta Premier Network (for both the Basic and Premier Plans) and further cost savings may be obtained by visiting a Delta Dental PPO provider.

Limitations may apply. Please refer to your Benefit Plan Summary.