



Dental Plans Benefits Summary

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA network only	UHC Dental network only
Deductible	\$50 per person; \$100 for family for Premier and out-of-network services, excluding diagnostic and preventive care.			None	None
Plan Year Maximum	\$1,250 per person; Per calendar year, excluding orthodontia benefits, diagnostic and preventive care (i.e. cleanings, exams and/or x-rays).			None	None
Covered Services	PPO Dentists	Premier Dentists	Out-of-Network	In-Network Only	In-Network Only
Cleanings¹ and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	80% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered some limitations apply	100% covered some limitations apply
Extractions	80% covered	80% covered	80% covered	100% covered	\$5-\$25 co-pay
Fillings	80% covered	80% covered	80% covered	100% covered limitations apply to resin materials	\$5-\$25 co-pay
Crowns	60% covered	50% covered	50% covered	100% covered limitations apply to resin materials	Co-pay Variable, up to \$100, Limitations Apply
Dentures, Pontics, and Bridges	60% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	Co-pay Variable, up to \$140, Limitations Apply
Endodontic/ Root Canals	60% covered	50% covered	50% covered	100% covered excluding the final restoration	Co-pay Variable, up to \$60, Limitations Apply
Oral Surgery	80% covered	80% covered	80% covered	100% covered authorization required	Co-pay Variable
Implants	60% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	Not Covered	Not Covered	Not Covered	Member pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply	Member pays: \$2,000/child \$2,000/adult \$350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	\$100 co-pay	100% covered

¹Members with Chronic Conditions (cardiovascular (heart) disease; diabetes; cerebrovascular disease (stroke); HIV/AIDS; rheumatoid arthritis; chronic kidney disease; Sjogren's syndrome; lupus; Parkinson's disease; amyotrophic lateral sclerosis; Huntington's disease; opioid misuse and addiction; joint replacement; and cancer) may receive up to 4 cleanings per year through the **SmileWay® Wellness Benefits** program (Calendar Year Benefit Maximums do not apply). In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.