

Option 7

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		Delta Dental PPO Dentists		Delta Dental Premier Dentists		Non-Participating Dentists	
Category	Service	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient	Paid by Delta Dental	Paid by Patient
Diagnostic	Exams (twice in a 12-month period) and x-rays (bitewing x-rays covered twice in a 12-month period and full mouth x-rays are covered once in a 3-year period)	100%	0%	100%	0%	100%	0%
Preventive	Prophylaxis (twice in a 12-month period), fluoride treatments (to age 19, twice in a 12-month period), space maintainers (to age 14), sealants (to age 14)	100%	0%	100%	0%	100%	0%
Basic Restorative	Fillings	80%	20%	80%	20%	80%	20%
Oral Surgery	Extractions	80%	20%	80%	20%	80%	20%
Endodontics	Root canal therapy	80%	20%	80%	20%	80%	20%
Periodontics	Treatment of gum disorders	80%	20%	80%	20%	80%	20%
Major Restorative	Inlays, Onlays, Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics	Dentures, bridgework	50%	50%	50%	50%	50%	50%
Maximum Deductible		\$1,500 per person per calendar year \$25 per person, not to exceed \$75 per family.					