

Carrier Name Plan Name	Anthem Blue Cross		Delta Dental Insurance Company		Delta Dental Insurance Company	
	PPO		PPO		PPO Incentive	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information						
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0
Annual Plan Maximum	\$2,500 In/Out of Network Combined	\$2,500 In/Out of Network Combined	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard
Lifetime Orthodontia Plan Maximum	\$2,000 In/Out of Network Combined	\$2,000 In/Out of Network Combined	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard	\$2,000 in/out-of-network combined - separate \$500 lifetime maximum benefit for mouthguard
Reasonable & Customary Percentile	100-90-60% of Negotiated Fee	100-80-50% of Reasonable & Customary	100-50%	50%	70-80-90-100%	70-80-90-100%
Covered Services						
Diagnostic and Preventive Services						
Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Bitewing X-Rays	100% of Negotiated Fee once/cal yr adult;once/6 mo. child	100% of Reasonable & Customary once/cal yr adult;once/6 mo. child	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Full Mouth X-Rays	100% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100% 1 every 3 years - in/out-of-network combined	70-100% 1 every 3 years - in/out-of-network combined
Cleaning and Scaling	Cleaning 100%; Scaling 90%	Cleaning 100%; Scaling 80%	100% (teeth whitening included, one treatment per 24 months)	50% (teeth whitening included, one treatment per 24 months)	70-100% 2/calendar year - in/out-of-network combined (teeth whitening included, one treatment per 24 months)	70-100% 2/calendar year - in/out-of-network combined (teeth whitening included, one treatment per 24 months)
Prophylaxis Treatments	100% of Negotiated Fee 3/calendar year	100% of Reasonable & Customary 3/calendar year	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Sealants	100% of Negotiated Fee Dependent Children Under 14	80% of Reasonable & Customary Dependent Children Under 14	100% dependent children under 14	50% dependent children under 14	70-100% dependent children under age 14	70-100% dependent children under age 14

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Basic Services						
Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Endodontic Treatment	90% of Negotiated Fee once per tooth/24 months	80% of Reasonable & Customary once per tooth/24 months	100%	50%	70-100%	70-100%
Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	50%	70-100%	70-100%
Re-linings and Re-basings of Existing Removable Dentures	90% of Negotiated Fees once/36 months	80% of Reasonable & Customary once/36 months	50%	50%	50%	50%
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	90% of Negotiated Fees	80% of Reasonable & Customary	100% bridges/dentures	50%	70-100% crowns/inlays/onlays bridges/dentures · 50%	70-100% crowns/inlays/onlays bridges/dentures · 50%
Major Services						
Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	50%	70-100% same tooth/once every 5 years · in/out-of-network combined	70-100% same tooth/once every 5 years · in/out-of-network combined
Prosthetic Benefits (Fixed Bridges, Partial / Complete Dentures)	60% of Negotiated Fee once in 60 months	50% of Reasonable & Customary once in 60 months	50%	50%	50%	50%
Implants	60% of Negotiated Fee once/60 months; maintenance & repair/12 months	50% of Reasonable & Customary once/60 months; maintenance & repair/12 months	50%; \$1,500 calendar year maximum, in/out of network combined	50%; \$1,500 calendar year maximum, in/out of network combined	Not covered	Not covered
Orthodontia Services						
Orthodontia	50% to \$2,000 Lifetime Maximum in/out of network combined	50% to \$2,000 Lifetime Maximum in/out of network combined	80% to \$2,000 Lifetime Maximum in/out of network combined	80% to \$2,000 Lifetime Maximum in/out of network combined	80% to \$2,000 Lifetime Maximum in/out of network combined	80% to \$2,000 Lifetime Maximum in/out of network combined
Adults and Children	Covered	Covered	Covered	Covered	Covered	Covered