

Carrier Name	Delta Dental Insurance Company
Plan Name	Managed Dental
General Plan Information	
Annual Deductible/Individual	\$0
Annual Deductible/Family	\$0
Covered Services	
Diagnostic and Preventive Services	
Diagnostic and Preventive	100%
Oral Exams	100%
Bitewing X-Rays	100%
Full Mouth X-Rays	100% (limited to one set every 24 consecutive months)
Cleaning and Scaling	100% (one per 6 month period)
Prophylaxis Treatments	100% (one per 6 month period)
Fluoride Treatments	100% (one per 6 month period); children to age 19
Space Maintainers	100%
Sealants	100% limited to permanent molars; to age 15
Basic Services	
Basic	
Oral Surgery: Extractions and Other Surgical Procedures	100%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	100%
Endodontic Treatment	100%
Periodontic Treatment	100%
Re-linings and Re-basings of Existing Removable Dentures	100%
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	100%
Major Services	
Major	
Crowns, Jackets and Cast Restoration Benefits	100%
TMJ	Not Covered
Prosthetic Benefits (Fixed Bridges, Partial / Complete Dentures)	100%
Implants	Not Covered
Orthodontia Services	
Dependent Children	\$1600 Copay
Adults (and Covered Full-Time Students, if Eligible)	\$1800 Copay