

# Compare your Delta Dental plan options

	Dental PPO	Dental PPO Plus	DMO
	Delta Dental PPO™	Delta Dental PPO	DeltaCare® USA Dental HMO Plan
<b>Plan overview</b>	Large PPO and Premier networks • Visit PPO dentist for greatest savings or Premier dentist for second best savings • No need to pre-select a dentist • You may be balanced billed at an out-of-network dentist	Large PPO and Premier networks • Visit PPO dentist for greatest savings or Premier dentist for second best savings • No need to pre-select a dentist • You may be balanced billed at an out-of-network dentist	Small network • You must select a DeltaCare USA dentist and visit this dentist to receive coverage • Low or no copayment for many services
<b>Deductible per person</b>	\$25 per person (3 max) or \$75 per family Waived for diagnostic and preventive services and orthodontics	\$25 per calendar year (3 max) or \$75 per family Waived for diagnostic and preventive services and orthodontics	None
<b>Maximums per person</b>	<b>Annual maximum per calendar year:</b> \$1,500 <b>Orthodontic lifetime maximum:</b> \$1,500 at a PPO, \$1,000 at a Premier dentist and \$1,000 at a non-Delta Dental dentist	<b>Annual maximum per calendar year:</b> \$2,000 at a PPO dentist, \$1,800 at a Premier dentist and \$1,500 at a non-Delta dentist <b>Orthodontic lifetime maximum:</b> \$2,000 at a PPO dentist, \$1,200 at a Premier dentist and \$1,200 at a non-Delta Dental dentist	None
<b>Waiting periods</b>	None	None	None
<b>Exams, cleanings, x-rays</b>	100% PPO or Premier dentist 90% at a non-Delta Dental dentist	100% at a PPO or Premier dentist 90% at a non-Delta Dental dentist	No copayment
<b>Sealants</b>	100% PPO or Premier dentist 90% at a non-Delta Dental dentist	100% at a PPO or Premier dentist 90% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Fillings, posterior composites, oral surgery</b>	80% PPO or Premier dentist 70% at a non-Delta Dental dentist	80% at a PPO or Premier dentist 70% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Root canals</b>	80% PPO or Premier dentist 70% at a non-Delta Dental dentist	80% at a PPO or Premier dentist 70% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Gum treatment</b>	80% PPO or Premier dentist 70% at a non-Delta Dental dentist	80% at a PPO or Premier dentist 70% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Crowns, inlays, onlays, cast restorations</b>	80% PPO or Premier dentist 70% at a non-Delta Dental dentist	80% at a PPO or Premier dentist 70% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Bridges, dentures, implants</b>	50% PPO or Premier dentist 40% at a non-Delta Dental dentist	50% at a PPO or Premier dentist 40% at a non-Delta Dental dentist	No copayment <sup>1</sup>
<b>Orthodontics</b> For adults and children	50% PPO or Premier dentist 40% at a non-Delta Dental dentist	50% at a PPO or Premier dentist 40% at a non-Delta Dental dentist	You pay \$350 start-up fee plus: Child braces: \$1,600 copayment Adult braces: \$1,800 copayment Retainers: No copayment <sup>2</sup>

<sup>1</sup> With optional material upgrades, your copayment may be up to \$250. Review your plan booklet for coverage details.

<sup>2</sup> Limitations and exclusions may apply. See your plan booklet for more details.