DELTA DENTAL

Zip Code - 05602
Effective Date - 03/01/2016

Northeast Delta Dental Individual and Family Plans
We offer five different Individual and Family dental plans, all at reasonable monthly rates. While you are free to see any dentist you wish, you will receive the best value from your Delta Dental plan when you see a network dentist. Below is a sample of the benefits for each plan.

	TRADITIONAL	PREMIUM PLUS	PREMIUM	PREFERRED	BASIC
	Our premier plan with orthodontic coverage for adults and children.	A comprehensive plan with coverage similar to group plans.	A well rounded plan with a high annual maximum.	A balance of coverage and our highest annual maximum.	A focus on prevention with coverage for basic services too.
Dental Provider Network	Delta Dental Premier®	Delta Dental PPO℠	Delta Dental PPO℠	Delta Dental PPO℠	Delta Dental PPO℠
Diagnostic & Preventive (No Waiting Period, No Deductible) • Exams and cleanings • X-rays • Sealants • Fluoride treatments • Space maintainers	Delta Dental Pays **100%** (Services in this category are excluded from the annual maximum[1])	Delta Dental Pays **100%** (Services in this category are excluded from the annual maximum[1])	Delta Dental Pays **100%** (Services in this category are excluded from the annual maximum[1])	Delta Dental Pays **60%** (Services in this category are excluded from the annual maximum[1])	Delta Dental Pays **100%** (Services in this category are excluded from the annual maximum[1])
Basic Restorative • Fillings • Extractions • Periodontal maintenance • Denture repair • Crown lengthening • Emergency palliative treatment	Delta Dental Pays **80%** After a 6-month Waiting Period (Treatment of gum disease and root canal therapy are included in this category under the Traditional Plan)	Delta Dental Pays **70%** After a 3-month Waiting Period	Delta Dental Pays **50%** After a 3-month Waiting Period	Delta Dental Pays **60%** After a 3-month Waiting Period	Delta Dental Pays **50%** After a 3-month Waiting Period

	TRADITIONAL	PREMIUM PLUS	PREMIUM	PREFERRED	BASIC
Major Restorative • Treatment of gum disease • Dentures • Root canal therapy • Crowns • Onlays • Dental Implants	Delta Dental Pays **50%** After a 6-month Waiting Period	Delta Dental Pays **40%** After a 6-month Waiting Period	Delta Dental Pays **25%** After a 6-month Waiting Period	Delta Dental Pays **60%** After a 6-month Waiting Period	N/A
Your Office Visit Copayment	None	$15	$15	$15	$15
Lifetime[2] Deductible Per Person/Family (Applies to Basic and Major only)	$100/$300	$100/$300	$100/$300	$100/$300	$100/$300
Calendar Year Maximum per Person	$2,000	$1,000	$1,500	$2,000	$1,000
Orthodontics • Correction of crooked teeth for adults and children	After a 6-month Waiting Period Delta Dental Pays **50%** Up to a separate Lifetime Maximum per Person of $2,000	N/A	N/A	N/A	N/A
Monthly Rates Self Self+1 Self+2 or more	$81.19 $153.83 $296.32	$49.57 $94.30 $165.10	$33.92 $63.77 $114.86	$59.73 $113.06 $179.35	$26.67 $50.17 $102.96

[1]Covered diagnostic and preventive services are never deducted from the Calendar Year Maximum, thereby placing a focus on prevention and preserving your annual maximum for other dental services. [2] The deductible (Basic and Major only) is paid only once in a lifetime per enrolled person, up to a maximum of three persons per family. Once this provision is met, your plan will have no deductible.

Policies are underwritten by Delta Dental Plan of Vermont, Concord, NH 03302-2002
All policies administered in part by Delta Dental of Wisconsin