

## **2024 DELTA DENTAL BENEFITS COMPARISON**

<b>SERVICE</b>	<b>DELTA BASIC DENTAL (Single/Family Coverage)</b>	<b>DELTA PREMIER DENTAL (Single/Family Coverage)</b>
<b>DIAGNOSTIC/PREVENTATIVE</b>  <b>(No Deductible)</b>	Exams, x-rays, cleaning, fluoride treatments, pulp vitality tests, sealants & space maintainers for dependent children.  These services no longer count towards your annual max.  100 % reasonable & customary	Exams, x-rays, cleaning, fluoride treatments, & pulp vitality tests.  These services no longer count towards your annual max.  100 % reasonable & customary
<b>BASIC RESTORATIVE</b>	Fillings, root canals, extractions, oral surgery, emergency treatment for relief of pain & endodontics.  65% reasonable & customary	Fillings, root canals, extractions, oral surgery, emergency treatment for relief of pain, endodontics & periodontics.  80% reasonable & customary
<b>MAJOR RESTORATIVE</b>	Crowns  65% reasonable & customary	Crowns  80% reasonable & customary.
<b>MAJOR PROSTHETIC</b>	No Coverage	Full & partial dentures. Denture relining, rebasing, & repair. Fixed bridges, bridge abutment, crowns, & gum surgery involving bones supporting the teeth.  80% reasonable & customary.
<b>DEDUCTIBLE</b>	\$25 Annual Deductible	\$25 Annual Deductible
<b>MAXIMUM YEARLY BENEFIT</b>	\$1,000 Per Person	\$1,500 Per Person