

For 2019, the plan you were enrolled in will no longer be offered. You will be automatically enrolled in the **Delta Dental Premier - Plan A Prime**. Below is a comparison of your new plan and your 2018 plan.

	New 2019 Plan	Current 2018 Plan
	Premier Plan A Prime	Premier Plan 868
SUMMARY OF COVERAGE		
Deductible per person per calendar year	\$25*	Individual - \$25** Family - \$75**
Annual Benefit Maximum	\$1,500 Includes To Go SM carryover benefit***	\$500
Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)	20%	20%
Basic Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)	50%	50%
Major Services (gum and bone diseases, complex procedures, cast restorations - crowns, inlays, onlays, posts, cores, bridges and dentures)	50%	Not covered
Root Canal (root canals and therapy, apicoectomy, direct pulp cap and retrograde fillings)	50%	50%
Implants	60%	Not covered

Percentages shown are what the patient pays when seeing an in-network dentist.

* Deductible is waived for all diagnostic and preventive care.

** Deductible is waived for check-ups and teeth cleanings only.

*** To GoSM annual maximum carryover - see Benefits Certificate for details.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.