

Delta Dental		
In-Network	Premium Plan	Basic Plan
Preventive & Diagnostic care	Plan pays 100%	Plan pays 100%
Annual deductible (single / family)	\$50 individual / \$100 family	\$75 individual / \$150 family
Basic care (e.g. routine fillings)	20% employee coinsurance (after deductible)	30% employee coinsurance (after deductible)
Major care (e.g. crowns)	30% employee coinsurance (after deductible)	50% employee coinsurance (after deductible)
Orthodontia	50% employee coinsurance (to lifetime maximum)	Not covered
Annual maximum (does not include preventive & diagnostic care or ortodontia)	\$2,500 per person	\$1,000 per person
Orthodontia lifetime maximum	\$3,000 per person	Not covered