

**ALLtech 2019 Delta Dental Plan Matrix**

*Delta Dental PPO*

	<b>Plan 1 09492</b>	<b>Plan 2 09493</b>	<b>Plan 3 09494</b>	<b>Plan 4 09495</b>	<b>Family Ortho Options</b>		
Group Size	Available to Groups with 2 or more				Available to groups with 10+ or more		
<b>Annual Deductible</b> Per Person - (Waived on Class I benefits) Family Maximum - (Waived on Class I benefits)	\$50 \$150	\$25 \$75	\$25 \$75	\$50 \$150	n/a	n/a	
<b>Annual Maximum</b>	\$1,000	\$2,000	\$1,500	\$1,500			
<b>Class I - Diagnostic &amp; Preventive</b>	<i>Benefit %</i>						
	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In &amp; Out of Network</b>
Exams Cleanings Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	<i>Incentive plan</i> Start at 100% Down to 80%
<b>Class II - Restorative</b>	<i>Benefit %</i>						
Restorations Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	90%	70%	<i>Incentive plan</i> Start at 90% Down to 70%
<b>Class III - Major</b>	<i>Benefit %</i>						
Crowns Dentures Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%
<b>TMJ Surgical and Non-Surgical</b>	<i>Benefit %</i>						
Annual Maximum Lifetime Maximum	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% to \$1,000 50% to \$2,500

\*includes composite filling benefit