

OMNITRADE - 2019 DELTA DENTAL PLANS

	Delta PPO Plan A Group #00352	Delta PPO Plan B Group # 00776	Delta PPO Plan C Group # 00777	Delta PPO Plan D Group #00778	Delta PPO Plan E - Incentive Group # 09446	Delta PPO Plan F - Incentive Group # 09447	Ortho Child Only	Ortho Family				
Annual Deductible Per Person - (Waived on Class I benefits)	\$25	\$25	\$50	\$50	\$50	\$50						
Family Maximum - (Waived on Class I benefits)	\$75	\$75	\$150	\$150	\$150	\$150						
Annual Maximum (Per Calendar Year)	\$1,000	\$2,000	\$1,500	\$2,000	\$1,500	\$2,500	Lifetime Max \$1,000	Lifetime Max \$2,000				
<i>Available to Groups of 2+</i>							<i>For Groups of 10+</i>					
Class I - Diagnostic & Preventive	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	Benefit %		
<i>Class 1 services do not count towards the annual maximum</i>	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In & Out of Network	In & Out of Network		
Exams Cleanings Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	100%	80%	Incentive Start at 100% Down to 80%	Incentive Start at 100% Down to 80%	50%	50%
Class II - Restorative	Benefit %		Benefit %		Benefit %		Benefit %					
Restorations / Fillings Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	80%	70%	80%	70%	Incentive Start at 90% Down to 70%	Incentive Start at 90% Down to 70%		
Class III - Major	Benefit %		Benefit %		Benefit %		Benefit %					
Crowns Dentures & Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%	40%	50%	50%		