

## DENTAL PLANS COMPARISON

	Delta Dental	Total Dental Administrators
<b>PLAN TYPE</b>	<b>Indemnity/PPO</b>	<b>Prepaid/DHMO</b>
<b>DEDUCTIBLES</b>	\$50 – Single \$150 - Family	None
<b>PREVENTATIVE CARE</b>	Coinsurance	Co-Pay
Office Visit	\$0 – Deductible Waived*	\$0
Oral Exam	\$0 – Deductible Waived*	\$0
Prophylaxis/Cleaning	\$0 – Deductible Waived*	\$0
Fluoride Treatment (to age 19)	\$0 – Deductible Waived*	\$0
X-Rays	\$0 – Deductible Waived*	\$0
<b>BASIC RESTORATIVE</b>		
Office Visit	\$0	\$0
Sealants	20%	\$10/per tooth
Fillings	20%	Amalgam: \$10-\$37 Resin: \$26-\$76
Periodontal Gingivectomy	20%	\$225
Oral Surgery	20%	\$30-\$145
<b>MAJOR RESTORATIVE</b>		
Office Visit	\$0	\$0
Crowns	50%	\$270+\$185 lab fee (\$455)
Dentures	50%	\$300+\$275 lab fee (\$575)
Fixed Bridgework	50%	\$270+\$185 lab fee (\$455) per unit
Crown/Bridge Repair	50%	\$75
Inlays	50%	\$250-\$327
<b>ORTHODONTIA</b>		
Child	See Maximum Lifetime	\$2800 - \$3400
Adult	Benefits	\$3200 - \$3700
<b>TMJ SERVICES</b>		
Exams, services, etc.	Not covered	20% discount
<b>MAXIMUM BENEFITS</b>		
Annual Combined Preventive, Basic and Major Services	\$2000	No Dollar Limit
Orthodontia Lifetime	\$1,500 per person	No dollar limit

**\*Routine visits and exams are covered only two times per year at 100%.**

**This is a summary only; please see plan descriptions for detailed provisions.**