

## Individual Plan Comparison

Plan Options	Option 1 Delta Dental Patient Direct®	Option 2 Delta Dental PPO <sup>SM</sup> Direct	Option 3 Delta Dental PPO <sup>SM</sup> Plus Direct	
Plan Type:	DISCOUNT PLAN (not insurance)	INSURANCE PLANS		
Dentist Network:	Patient Direct® 1	PPO 2	PPO	Premier or Non-Participating
Out of Network Services:	No	No	Yes	
Benefit Year Maximum:	No Maximums	\$1,000	\$1,500	
Benefit Year Deductible/Family:	No Deductibles	\$75 per person	\$50 per person	
Deductible applies to:		Basic and Major	Basic and Major	
COVERED SERVICES				
Type I-Diagnostic & Preventive	No Waiting Period	No Waiting Period	No Waiting Period	
Exams oral (1 in 6 months) Cleanings (1 in 6 months) Fluoride Treatments (2 in 12 months, under age 16) Space Maintainers (under age 14) Sealants (under age 15) All X-rays	Savings range from 50% to 100% <sup>3</sup>	Covered at 100%	Covered at 100%	Covered at 90% <sup>4</sup>
Type II-Basic Services	No Waiting Period	6-month Waiting Period	6-month Waiting Period	
Simple Extractions Fillings	Savings range from 50% to 80% <sup>3</sup>	Covered at 70%	Covered at 80%	Covered at 70% <sup>4</sup>
Type IIIA-Major Services	No Waiting Period	12-month waiting period	12-month waiting period	
Surgical Extractions General Anesthesia (with oral surgery only) Endodontics (Root Canal Therapy) Periodontics (gum treatment) Denture relines and rebases, adjustments Repairs to crowns, dentures, and bridges	Savings range from 50% to 67% <sup>3</sup>	Covered at 30%	Covered at 50%	Covered at 40% <sup>4</sup>

<b>Type IIIB-Major Services</b>	<b>No Waiting Period</b>	<b>24-month waiting period</b>	<b>24-month waiting period</b>	
Special Restorative Crowns Complete and Partial Dentures Fixed Bridgework	Savings range from 50% to 67% <sup>3</sup>	Covered at 30%	Covered at 50%	Covered at 40% <sup>4</sup>
<b>Orthodontics</b>	<b>No Waiting Period</b>	<b>Not a Benefit<sup>5</sup></b>		<b>Not a Benefit<sup>5</sup></b>
Adult & child	Savings range from 21% to 23% <sup>3</sup>			

<sup>1</sup> Member and family must select one general dentist; all general services must be obtained from the selected dentist to receive discounts. Specialty services are available from any Patient Direct participating specialist without a referral.

<sup>2</sup> Member must receive all dental care from a PPO Dentist in order for services to be considered for coverage.

<sup>3</sup> Savings shown are an approximation and could be higher or lower depending on where the network dentist is located in Colorado and if they are a General Dentist or a Specialist.

<sup>4</sup> If the member does not use a PPO dentist, and the dentist charges more than the PPO dentist's allowable fee, the member will be responsible for any excess. If the member sees a Premier dentist, the member is responsible for the difference between the PPO dentist's allowable fee and the fee from the Premier Maximum Plan Allowance. If the member sees a non-participating dentist, the member is responsible for the difference between the PPO dentist's allowable fee and the billed charges.

<sup>5</sup> Orthodontic services are not covered. The orthodontic fee will be based on the PPO dentist's allowable fee for PPO dentists, or on the Maximum Plan Allowance for Premier dentists.

**NOTE:** To join these plans, you must be a Colorado resident aged 18 or over and cannot have other dental coverage.