

ALLtech 2020 Delta Dental Plan Matrix

Delta Dental PPO

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