

ALLtech 2021 Delta Dental plans & rates										
Delta Dental PPO										
	Plan 1 09492		Plan 2 09493		Plan 3 09494		Plan 4 09495		Family Otho Options	
Group Size	Available to Groups with 2 or more								Available to groups with 10+ or more	
Annual Deductible										
Per Person - (Waived on Class I benefits)	\$50		\$25		\$25		\$50		n/a	
Family Maximum - (Waived on Class I benefits)	\$150		\$75		\$75		\$150		n/a	
Annual Maximum	\$1,000		\$2,000		\$1,500		\$1,500			
Class I - Diagnostic & Preventive	Benefit %									
	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%	Incentive plan Start at 100% Down to 80%			
Class II - Restorative	Benefit %									
Restorations Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	90%	70%	Incentive plan Start at 90% Down to 70%			
Class III - Major	Benefit %									
Crowns Dentures Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%			
TMJ Surgical and Non-Surgical	Benefit %									
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		50% to \$1,000	
Lifetime Maximum	\$5,000		\$5,000		\$5,000		\$5,000		50% to \$2,500	

*includes composite filling benefit