

2008 Dental Options

Benefit	Delta Preferred (PPO)		Delta Premier (Indemnity)	DeltaCare DC04 (Dental HMO)
	In-Network	Out-of-Network ¹	Any Provider	In-Network Only
Need to select a participating dentist?	No	No	No	Yes ²
Annual deductible	\$0	\$25/\$75	\$50/\$150	N/A
Cleanings (2/year)	Covered in full	80%	Covered in full	Covered in full
Bitewing X-rays	Covered in full	80%	Covered in full	Covered in full
Filling (one surface)	50%	40%	50%	You pay \$38
Simple extraction (one tooth)	50%	40%	50%	You pay \$26
Crown (porcelain)	50%	40%	25%	You pay \$345
Root canal therapy (anterior)	50%	40%	50%	You pay \$188
Complete upper dentures	50%	50%	25%	You pay \$351
Orthodontic treatment ³				
Children (to age 19)	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	50% up to \$750 lifetime benefit	You pay \$2,070
Adults (19 and over)	Not covered	Not covered	Not covered	You pay \$2,270
Annual Maximum	\$1,000	\$1,000	\$1,000	N/A

¹ Benefit percentages under Delta Preferred plan are based on the allowable amount set by the plan for each service. Non-preferred dentists and specialists may charge more and bill you for the difference.

² You may select a different dentist for each covered family member.

³ Orthodontic treatment cost does not include treatment plans.