

Gold Plan

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Plan Details

Benefits

		Plan Pays Year 1	Plan Pays Year 2	Plan Pays Year 3
Description				
Diagnostic and Preventative Procedures	Diagnostic: Routine periodic examinations twice in a calendar year. Preventative: Dental prophylaxis (teeth cleaning) twice in a calendar year. Radiography: Bitewing and full mouth x-rays.	60%	80%	100%
Basic Procedures	Restorative: Amalgam fillings. Other: Space maintainers, recementation of crowns.	50%	65%	80%
Major Procedures	Endodontics: Pulpal therapy and root canals. Periodontics: Treatment of diseases of the gums. Oral Surgery: Extractions and other oral surgery, including pre and post operative care. Prosthetics: Gold restorations, crowns, bridges, partials and complete dentures. Other: Pontics, repair of crowns and bridges, repair of full and partial dentures.	0%	50%	50%
Orthodontia Procedures	This plan does not have any benefits for orthodontia.	0%	0%	0%

Disclaimer

Reimbursement is based on Delta Dental PPOSM Contracted Fees for Delta Dental PPO Providers, PPO Contracted Fees for Delta Dental Premier[®] Providers and PPO Contracted Fees for Non-Delta Dental Providers.

Deductible

\$100 per person per calendar year.

4 Dental Plans Found

Showing Coverage for (Modify)

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