

# DELTA DENTAL BENEFIT COMPARISON

		Delta Premier	
		Premier 1	Premier 2
CLASS I	<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b> Services and procedures to evaluate existing conditions and/or to prevent the occurrence of dental abnormalities or disease. Such services might include oral examinations, prophylaxes and topical applications of fluoride.	100%	50%
	<b>EMERGENCY PALLIATIVE TREATMENT</b> Non-specific treatment employed by dentists on emergency basis to temporarily relieve pain.	100 %	50 %
	<b>RADIOGRAPHS</b> As required, or in conjunction with the diagnosis of a specific condition.	100%	50%
CLASS II	<b>ORAL SURGERY SERVICES</b> Includes extractions and other surgical dental procedures including pre and post operative care.	50%	50%
	<b>RESTORATIVE SERVICES (MINOR)</b> Services to rebuild, repair or reform natural tooth structure when necessary due to disease or injury which include, but are not limited to: MINOR restorative services such as amalgams (silver fillings) and resin (white fillings) on both anterior and posterior (back) teeth and relines and repairs to prosthetic appliances.	50%	50%
	<b>PERIODONTICS</b> Procedures employed by dentists for the treatment of diseases of the gums and supporting structures of the teeth.	50%	50%
	<b>ENDODONTICS</b> Procedures for the treatment of teeth with diseased or damaged nerves (for example, root canals).	50%	50%
	<b>CLASS III</b>		
<b>PROSTHODONTICS</b> Services and appliances, such as bridges, partial dentures and complete dentures, that replace missing natural teeth.	50%	50%	
	<b>RESTORATIVE SERVICES (MAJOR)</b> Services to rebuild, repair or reform natural tooth structure when necessary due to disease or injury which include, but are not limited to: MAJOR restorative services such as jackets on anterior teeth and cast restorations when the teeth cannot be restored with another filling material.	50%	50%
CLASS IV	<b>ORTHODONTICS (to age 19)</b> Services, treatment and procedures required for the correction of malposed teeth. Eligible persons are covered only to age 19.	50%	50%
	<b>BENEFIT MAXIMUMS</b> Annual Maximum Orthodontic Lifetime Maximum	\$1,000 \$1,000	\$800 \$1,000