

## 2021 DENTAL

Feature	Delta Dental	WellSpan Population Health Dental
<b>Annual Deductible</b>	None	\$50 per person; \$150 family \$50 maximum per covered individual
<b>Annual Maximum</b>	\$1,500 per calendar year for each covered individual	\$1,500 per calendar year for each covered individual
<b>Diagnostic and Preventive</b> (oral exams, cleanings, fluoride treatments for children under age 19, dental x-rays, sealants and space maintainers for children under age 14)	Plan pays 100% You pay 0%	Plan pays 100% You pay 0%
<b>Restorative</b> (e.g., fillings, extractions and oral surgery, root canals, periodontics)	Plan pays 85% You pay 15%	After deductible plan pays 75% You pay 25%
<b>Major Restorative</b> (e.g., crowns and bridges)	Plan pays 50% You pay 50%	After deductible plan pays 50% You pay 50%
<b>Implants</b>	Plan pays 50% You pay 50% (Annual maximum of \$1,500)	Not covered
<b>Orthodontics for Adults and Children</b>	Plan pays 50% You pay 50%	After deductible plan pays 50% You pay 50%
<b>Orthodontics Lifetime Maximum Benefit</b>	\$1,500 for each covered individual	\$1,500 for each covered individual

\*Certain procedures do not count toward annual maximum