

2023 DENTAL

Feature	Delta Dental	WellSpan Population Health Dental
Annual Deductible	None	\$50 per person; \$150 family \$50 maximum per covered individual
Annual Maximum*	\$1,500 per calendar year for each covered individual	\$1,500 per calendar year for each covered individual
Diagnostic and Preventive (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%
Restorative (e.g., fillings, extractions and oral surgery, root canals, periodontics)	Plan pays 85% You pay 15%	After deductible plan pays 75% You pay 25%
Major Restorative (e.g., crowns and bridges)	Plan pays 50% You pay 50%	After deductible plan pays 50% You pay 50%
Implants	Plan pays 50% You pay 50% (Annual maximum of \$1,500)	Not covered
Orthodontics for Adults and Children	Plan pays 50% You pay 50%	After deductible plan pays 50% You pay 50%
Orthodontics Lifetime Maximum Benefit	\$1,500 for each covered individual	\$1,500 for each covered individual

*Certain procedures do not count toward annual maximum.