

2024

# Dental



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

<sup>1</sup> Certain procedures do not count toward annual maximum.