

## Delta Dental Plan Comparisons Benefit Summary

**Plan  
Group #'s**

**Delta Incentive  
7073-8304**

**Delta PPO  
7073-8504**

<b>Provider of Service</b>	Incentive Provider or PPO Providers	**PPO Providers
<b>Annual Deductible</b>	Based on Current Benefit Level 70% 1st Year 80% 2nd Year 90% 3rd Year 100% 4th Year and After	No Deductible
<b>Annual Maximum</b>	\$1,500.00	\$2,000.00
<b>Basis of Payment</b>	In-Network Providers	In-Network PPO Providers
<b>Diagnostic &amp; Preventative</b> Exams, X-rays, Cleanings \$ Emergency Treatment	Current Benefit Level	100%
<b>Other Basic Services</b> Oral Surgery, Fillings, Periodontics Procedures, Root Canals & Sealants	Current Benefit Level	100%
<b>Crowns</b> Crowns, Jackets & Cast Restorations	Current Benefit Level	100%
<b>Prosthodontics</b> Dentures, Bridges, & Implants	50%	50%