



*Delta Family Values – Quality and Service*



# 2024 Summary of Benefits

**A side-by-side comparison of your 2024  
Dental Plan options**

*The benefits summarized are extracted from the  
ITDR 2024 Benefit Guide, pages 44.*

## DENTAL PLANS | Summary of Benefits

	DELTA DENTAL PPO		DELTA DENTAL HMO-TYPE PLAN
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
<b>Calendar Year Maximum Benefit</b>	\$2,000 per person	\$2,000 per person	No maximum
<b>Calendar Year Deductible</b>	\$60 per person (does not apply to Type A services)	\$60 per person (does not apply to Type A services)	\$0
<b>Type A Covered Services: Preventive and Diagnostic Services</b>	100% of the network dentist contracted amount (subject to frequency limits)	100% of reasonable and customary charge	Most preventive services covered with no copay, most other services have copays, see benefit schedule for details*
<b>Type B Covered Services: Basic and Restorative Services</b>	70% of the network dentist contracted amount after deductible	70% of reasonable and customary charge after deductible	Amalgam fillings covered with no copays, most other services have copays, see benefit schedule for details*
<b>Type C Covered Services: Major Restorative Services</b>	50% of the network dentist contracted amount after deductible	50% of reasonable and customary charge after deductible	Most services have copays, see benefit schedule for details*
<b>Dentures</b> Repairs and Adjustments Initial Installation (Full or Partial) Replacement Limit	Covered as Type B Covered as Type C Once every 60 mos.	Covered as Type B Covered as Type C Once every 60 mos	Services have copays, see benefit schedule for details* Once every 60 months
<b>Orthodontic Services</b> Lifetime Maximum	50% of the network dentist contracted amount after deductible \$2,500	50% of reasonable and customary charge after deductible \$2,500	Services have copays, see benefit schedule for details* Maximum benefit period of 24 months
<b>Teeth Whitening</b>	Not Covered	Not Covered	Services have copays

\* Delta Dental HMO-type Plan does not cover services provided by out-of-network dental providers. Copies of benefit plan materials are available to you via mail or email, and may be requested by calling Delta Dental. See page 25 for carrier contact information.