



Delta Dental of Nebraska



# 2017 Individual and Family Plans A-C

Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Services Covered Immediately:	Plan A	Plan B	Plan C
<b>Diagnostic/Preventive</b> Routine exams, and cleanings, including periodontal cleaning once every 6 months, x-ray	100%	80%	100%
<b>Basic Restorative</b> Fillings and sealants	50%	50%	50%**
<b>Oral Surgery</b> Including extractions	50%	50%	N/A
<b>Root Canals</b> Endodontics	50%	50%	N/A
Services Covered After 12 Months*:			
<b>Periodontal Care</b> Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A
<b>Crown and Cast Restorations</b>	50%	50%	N/A
<b>Prosthodontics</b> Dentures, partial dentures and bridges	50%	50%	N/A
<b>Orthodontics</b> (for dependents ages 8 through 18)	N/A	N/A	N/A
Additional Plan Details:			
<b>Annual Coverage Maximum Per Person</b>	\$1,200	\$1,000	\$500
<b>Orthodontics Lifetime Maximum</b>	N/A	N/A	N/A
<b>Annual Deductible Per Person</b> Does not apply to Diagnostic / Preventive	\$50	\$100	\$100
<b>Utilizes Delta Dental Network(s):</b>	PPO <sup>SM</sup> Premier <sup>®</sup>	PPO <sup>SM</sup> Premier <sup>®</sup>	PPO <sup>SM</sup> Premier <sup>®</sup>

Individual Dental 18+	Plan A (per month)	Plan B (per month)	Plan C (per month)
Single Applicant (you)	\$41.95	\$29.95	\$24.95
Single Applicant +1	\$81.95	\$57.95	\$48.95
Family	\$150.95	\$107.95	\$87.95

## So what are you waiting for?

Speak with a licensed representative at  
**1-866-764-5350** or visit  
**DeltaDentalNE.org/Shop**

PPO<sup>SM</sup> - Delta Dental PPO<sup>SM</sup>  
 Premier<sup>®</sup> - Delta Dental Premier<sup>®</sup>

\*waiting period may be waived with prior comparable coverage  
 \*\*3 month waiting period on Basic Services.

