

2020

ANNUAL DENTAL BENEFIT PLAN COMPARISON

Better Than Insurance



Delta Dental Silver Plan

Office Savings Plan

<p>\$50 yr. Deductible Fee Charged toward any Basic / Major treatment</p>	<p>YES</p>	<p>NO</p>
<p>Monthly Cost <i>(3 Plan Options)</i></p>	<p>\$37.80 <i>1 person</i> \$73.20 <i>2 people</i> \$104.29 <i>family</i></p>	<p>\$35.00 <i>1 person</i> \$65.00 <i>2 people</i> \$105.00 <i>family</i></p>
<p>Exam, X-ray & Cleanings <i>No Charge</i></p>	<p>2 Cleanings 2 Exams <i>each</i></p>	<p>Up to 3 Cleanings Up to 3 Exams <i>each</i></p>
<p>Basic Treatments Fillings, non-surgical extractions Scaling & Root Planing Other basic treatments</p>	<p>50% OFF Not available first 6-months <i>No coverage on any redo work completed last 5 years</i></p>	<p>40% OFF No waiting periods <i>No Exclusions</i></p>
<p>Major Treatments Root canals, gum disease, crowns, dentures, bridges, sealants, surgical extractions, Other major Treatments</p>	<p>50% OFF Not available first 12-months <i>Cosmetic & normal wear and tear on teeth <u>not</u> covered</i> <i>Other exclusions apply</i></p>	<p>30% OFF No waiting periods <i>No Exclusions</i> <i>No pre-authorizations</i> <i>Covers all Major Treatments</i></p>
<p>Implants, Retainers, TMD <i>Bite Splints & Other Cosmetic Treatments</i></p>	<p>Not Covered <i>100% out-of-pocket</i></p>	<p>20% OFF No waiting periods <i>No Exclusions</i></p>
<p>ANNUAL BENEFIT MAXIMUM <i>100% out-of-pocket above maximum</i></p>	<p>\$1,000 limit Basic & Major Treatments Only Includes Waiting Periods Includes Exclusions & Pre-auths Includes \$50 Deductible Fee</p>	<p>Unlimited <i>Covers All Treatments</i> <i>No Waiting Periods</i> <i>No Exclusions</i> <i>No Deductible</i></p>