



Client Name: Sweetwater UHSD

Effective Date: 1/1/2023

Eligible: Actives

Delta Dental Benefit Comparison Chart

Benefits	Enhancements			
	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
Deductible	\$0	\$0	\$0	\$0
Annual Maximum	\$2,500		\$2,000	
Diagnostic & Preventative count towards maximum?	None			
Waiting Periods	None		None	
Diagnostic & Preventative Services				
Examinations	100%		100%	
Cleanings	100%		100%	
X-Rays	100%		100%	
Basic Services				
Filings	100%		80%	
Posterior Composites	100%		80%	
Sealants	100%		80%	
Endodontics (root canals)				
Covered Under Basic Services	90%		80%	
Periodontics (gum treatment)				
Covered Under Basic Services	90%		80%	
Oral Surgery				
Covered Under Basic Services	90%		80%	
Major Services				
Crowns	90%		80%	
Inlays	90%		80%	
Onlays	90%		80%	
Cast Restorations	90%		80%	
Prosthodontics				
Bridges	50%		50%	
Dentures	50%		50%	
Dental Accident Benefits				
	100%		100%	
	(separate \$1,000 max per person per calendar year)			
Orthodontic Services				
Child / Adult Ortho	50%		50%	
	(separate \$2,000 lifetime maximum per person)			