

	TRADITIONAL	PREMIUM PLUS	PREMIUM	PREFERRED	BASIC
	Our premier plan with orthodontic coverage for adults and children.	A comprehensive plan with coverage similar to group plans.	A well rounded plan with a high annual maximum.	A balance of coverage and our highest annual maximum.	A focus on prevention with coverage for basic services too.
Dental Provider Network	Delta Dental Premier®	Delta Dental PPOSM	Delta Dental PPOSM	Delta Dental PPOSM	Delta Dental PPOSM
Diagnostic & Preventive (No Waiting Period, No Deductible) <ul style="list-style-type: none"> Exams and cleanings X-rays Sealants Fluoride treatments Space maintainers 	Delta Dental Pays 100% (Services in this category are excluded from the annual maximum ¹)	Delta Dental Pays 100% (Services in this category are excluded from the annual maximum ¹)	Delta Dental Pays 100% (Services in this category are excluded from the annual maximum ¹)	Delta Dental Pays 60% (Services in this category are excluded from the annual maximum ¹)	Delta Dental Pays 100% (Services in this category are excluded from the annual maximum ¹)
Basic Restorative <ul style="list-style-type: none"> Fillings Extractions Periodontal maintenance Denture repair Crown lengthening Emergency palliative treatment 	Delta Dental Pays 80% After a 6-month Waiting Period (Treatment of gum disease and root canal therapy are included in this category under the Traditional Plan)	Delta Dental Pays 70% After a 3-month Waiting Period	Delta Dental Pays 50% After a 3-month Waiting Period	Delta Dental Pays 60% After a 3-month Waiting Period	Delta Dental Pays 50% After a 3-month Waiting Period
Major Restorative <ul style="list-style-type: none"> Treatment of gum disease Dentures Root canal therapy Crowns Onlays Dental Implants 	Delta Dental Pays 50% After a 6-month Waiting Period	Delta Dental Pays 40% After a 6-month Waiting Period	Delta Dental Pays 25% After a 6-month Waiting Period	Delta Dental Pays 60% After a 6-month Waiting Period	N/A
Your Office Visit Copayment	None	\$15	\$15	\$15	\$15
<u>Lifetime</u> ² Deductible Per Person/Family (Applies to Basic & Major only)	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300
Calendar Year Maximum per Person	\$2,000	\$1,000	\$1,500	\$2,000	\$1,000
Orthodontics <ul style="list-style-type: none"> Correction of crooked teeth for adults and children 	After a 6-month Waiting Period Delta Dental Pays 50% Up to a separate Lifetime Maximum per Person of \$2,000	N/A	N/A	N/A	N/A
Monthly Rates:	Self \$104.77 Self + 1 \$198.38 Self + 2 or more \$380.36	\$47.98 \$93.08 \$164.43	\$39.36 \$73.97 \$133.17	\$66.89 \$126.58 \$200.86	\$31.43 \$59.09 \$121.41
Vision discount plan included	Download the vision discount brochure	Download the vision discount brochure	Download the vision discount brochure	Download the vision discount brochure	Download the vision discount brochure
Looking for more details?	Download the Traditional Plan contract	Download the Premium Plus Plan contract	Download the Premium Plan contract	Download the Preferred Plan contract	Download the Basic Plan contract
Download a paper application	Traditional Plan	Premium Plus Plan	Premium Plan	Preferred Plan	Basic Plan
Select Your Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

¹Covered diagnostic and preventive services are never deducted from the Calendar Year Maximum, thereby placing a focus on prevention and preserving your annual maximum for other dental services. ² The deductible (Basic and Major only) is paid only once in a lifetime per enrolled person, up to a maximum of three persons per family. Once this provision is met, your plan will have no deductible.



Vision Wellness

Regular eye examinations play a crucial role in ensuring healthy vision and overall health.

- An eye examination can not only detect vision problems, but also can detect the early stages of serious health problems such as diabetes and hypertension.
- One in four children has an undetected vision problem that can interfere with learning, according to the Vision Council of America.
- Undetected eye diseases can lead to worsening eyesight and in some cases irreversible vision loss.

Your EyeMed ID Card:



Your Group Number:
9231093

Your Group Name:
Delta Dental Discount

To locate the nearest EyeMed provider, visit our website at nedelta.com or call **1-866-246-9041**

PLEASE BRING THIS ID CARD AND FLYER TO YOUR PARTICIPATING EYEMED PROVIDER

Vision Discount Program

This vision discount program is available free to all Northeast Delta Dental subscribers and their dependents. Bring this flyer to your EyeMed Participating Provider.

Great Savings—Up to 35% off eyewear

Choose from any available frame including quality name-brand products such as Brooks Brothers®, Ann Klein®, Vogue® and more at provider locations.

With EyeMed Vision Care, Northeast Delta Dental members have access to **over 71,000 vision care providers nationwide at 27,000 locations** including optometrists, ophthalmologists, opticians, and the nation's leading optical retailers:



It's easy! To request your discount, simply present your Delta Dental member ID card or this flyer when you arrive at the provider office or location. Your EyeMed provider will take care of the rest! To learn more about the EyeMed Vision Care Discount Plan, please visit our website at nedelta.com.

Vision Care Services

Exam and dilation as necessary \$5 off routine exam
\$10 off contact lens exam

Complete pair of glasses purchase*: Frame, lenses and lens options must be purchased in the same transaction to receive full discount.

Standard plastic lenses:

Single Vision \$50
Bifocal \$70
Trifocal \$105

Frames 35% off retail price

Lens options:

UV treatment \$15
Tint (solid and gradient) \$15
Standard plastic scratch coating \$15
Standard polycarbonate \$40
Standard progressive lens (Add-on to bifocal) \$65
Standard anti-reflective coating \$45
Other add-ons and services 20% off retail price

Contact lens materials (discount applied to materials only):

Conventional 15% off retail price

Laser vision correction**:

LASIK or PRK 15% off retail price or 5% off promotional price

Frequency Unlimited

THIS IS NOT INSURANCE

*Items purchased separately will be discounted 20% off of the retail price.

**Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1-877-5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% off discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers. This discount design is offered with the EyeMed Access panel of providers.