

# Maine State Employee Health Insurance Program

Group #s: 0601, 0602 & 0551



*This chart represents the level of coverage for services performed by dentists who participate in the Delta Dental Premier network. Employees and their eligible dependents are free to see any dentist, participating or nonparticipating. Please visit our website at [www.nedelta.com](http://www.nedelta.com) for an updated list of participating dentists. Your Northeast Delta Dental program includes all of the following coverage categories. This chart is provided as a summary only; certain benefit limitations may apply. Please refer to your benefit booklet for complete benefit information. In the event of a conflict or discrepancy between this chart and either the group contract or the benefit booklet, the contract or benefit booklet will prevail. Benefit percentages shown are based on the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.*

Type	Diagnostic & Preventive (Referred to as Coverage A)	Basic Restorative (Referred to as Coverage B)	Major Restorative (Referred to as Coverage C)	Orthodontics (Referred to as Coverage D)
<b>Covered Services</b>	<p><b>DIAGNOSTIC:</b> Evaluations once in a 6-month period</p> <p>X-Rays (complete series or panoramic film) once in a 3-year period, bitewing X-Rays once each 12-month period, X-Rays of individual teeth as necessary</p> <p><b>PREVENTIVE:</b> Cleanings once in a 6-month period</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p><b>RESTORATIVE:</b> Amalgam fillings Composite (white) fillings (anterior teeth only)</p> <p><b>ORAL SURGERY:</b> Surgical and routine extractions</p> <p><b>ENDODONTICS:</b> Root canal therapy</p> <p><b>PERIODONTICS:</b> Periodontal Cleaning (Maintenance procedures) <b>Note:</b> <i>Only one cleaning is covered in a 6-month period. This can be a routine (Coverage A) or a periodontal (Coverage B), but not both.</i></p> <p>Treatment of gum disease</p> <p><b>DENTURE REPAIR:</b> Repair of removable denture to its original condition</p> <p><b>Emergency Palliative Treatment</b></p>	<p><b>PROSTHODONTICS:</b> Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>On-lays</p> <p>Dental Implant</p>	<p><b>ORTHODONTICS:</b> Correction of malposed (crooked) teeth for adults, dependent children to age 19 and dependent students to age 25</p>
<b>Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>	<b>No Deductible</b>
<b>Coinsurance:</b>				
<b><u>DPO</u></b>	<b>100%</b>	<b>90%</b>	<b>60%</b>	<b>60%</b>
<b><u>Participating</u></b>	<b>100%</b>	<b>80%</b>	<b>50%</b>	<b>50%</b>
<b><u>Non-Participating</u></b>	<b>90%</b>	<b>70%</b>	<b>40%</b>	<b>40%</b>
<b><u>DPO</u></b>	<b>Calendar Year Maximum: \$1,200 Per Person</b>			<b>Lifetime Maximum: \$1,500 Per Person</b>
<b><u>Participating</u></b>	<b>Calendar Year Maximum: \$1,000 Per Person</b>			<b>Lifetime Maximum: \$1,200 Per Person</b>
<b><u>Non-Participating</u></b>	<b>Calendar Year Maximum: \$900 Per Person</b>			<b>Lifetime Maximum: \$900 Per Person</b>

Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or Delta Dental's allowance for nonparticipating dentists.