

State of Maine Employee Dental Plan



Group #'s: 601 & 602

Effective 7/1/19-12/31/19

This chart represents the level of coverage for service performed and is based on the State of Maine Employee fee schedule. Employees and their eligible dependents are free to see any dentist, participating or non-participating. If you choose to see a dentist that is not in the State of Maine Employee PPO network, you will be responsible for the difference between the State of Maine Employee PPO fee schedule and the fee for Delta Dental's Premier, PPO networks or Delta's non-participating fee. Please visit our website at 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 the benefit booklet, the benefit booklet will prevail.

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)
Covered Services	<p>DIAGNOSTIC: Oral evaluations twice in a 12-month period, this includes periodic, limited, problem-focused, and comprehensive evaluations</p> <p>X-rays (complete series or panoramic film) once in a 5-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>PREVENTIVE: Two cleanings in a 12-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>RESTORATIVE: Amalgam fillings <i>Posterior composite (white) fillings *</i></p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Periodontal Cleaning (Maintenance procedures) Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</p> <p>Treatment of gum disease</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p> <p>Emergency Palliative Treatment</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Dental Implants</p>	<p>ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children to age 19</p>
Deductible	No Deductible	Calendar Year Deductible per Person/Family: \$12.50/\$37.50		No Deductible
Coinsurance: <u>State of Maine Employees PPO</u>	100%	90% <i>*Posterior composites 80%</i>	60%	60%
<u>Delta Dental Premier</u>	100%	80% <i>*Posterior composites 70%</i>	50%	50%
<u>Non-Participating</u>	90%	70% <i>*Posterior composites 60%</i>	40%	40%
<u>State of Maine Employees PPO</u>	Calendar Year Maximum: \$1,200 Per Person			Lifetime Maximum: \$1,500 Per Child
<u>Delta Dental Premier</u>	Calendar Year Maximum: \$1,000 Per Person			Lifetime Maximum: \$1,200 Per Child
<u>Non-Participating</u>	Calendar Year Maximum: \$900 Per Person			Lifetime Maximum: \$900 Per Child