## Delta Dental of Nebraska 2024 Medica Dental Plans



## The Delta Dental Difference

- Best-in-class customer service
- Ability to pair medical and dental benefits
- Coverage options to fit your needs



One of Nebraska's largest dental networks Delta Dental PPO™ Plus Premier®

Delta Dental Premier®: 994 Delta Dental PPO™: 627

## Medica Dental Plans:

## 2-100 Eligible Employees

	Plan 1	Plan 2	Plan 3	
Deductible Per person / per family (calendar year)	\$50/\$150	\$50/\$150	\$25/\$75	
Annual Maximum	\$750	\$1,000	\$1,500	
Covered Services				
Diagnostic and Preventive Services	100%	100%	100%	
Basic Restorative Services	80%	80%	80%	
Endodontic Services*	N/A	50%	80%	
Periodontic Services*	N/A	50%	80%	
Simple and Complex Oral Surgery*	N/A	50%	80%	
Implants*	N/A	50%	50%	
Inlays, Onlays, Crowns and Crown Repair*	N/A	50%	50%	
Prosthetic Services, including Bridges & Dentures*	N/A	50%	50%	
Orthodontics Optional* Available to all members ages 8 to 19	N/A	50% \$1,000 Lifetime max	50% \$1,000 Lifetime max	

Rates Rates guaranteed for 12 months after issue.	Pla	Plan 1		Plan 2		Plan 3	
	Without Ortho	With Ortho	Without Ortho	With Ortho	Without Ortho	With Ortho	
Employee	\$17.28	N/A	\$25.98	\$25.98	\$31.14	\$31.14	
Employee + Spouse	\$32.76	N/A	\$49.65	\$49.65	\$59.63	\$59.63	
Employee + Child(ren)	\$47.55	N/A	\$61.08	\$67.93	\$72.84	\$79.68	
Family - Employee, Spouse, child(ren)	\$72.64	N/A	\$95.76	\$104.51	\$113.64	\$122.39	

<sup>\* 12</sup> month waiting period applies to: endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services

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No waiting period for diagnostic, preventive and basic restorative services

Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.

Diagnostic and preventive services do apply to the annual maximum.

This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.