

# Northeast Delta Dental Individual and Family Plans



Plans available exclusively at:  
DeltaDentalCoversMe.com

	Acadia	Acadia Plus	Granite	Granite Plus	Catamount
	A well-rounded plan with a focus on prevention	Similar to Acadia but with a higher annual maximum and increased coverage	A balanced plan with a high annual maximum	Similar to Granite but with a higher annual maximum and increased coverage	Our premier plan with orthodontic coverage for adults and children
Dental Provider Network	Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO plus Premier™
<b>Diagnostic &amp; Preventive</b> <ul style="list-style-type: none"> <li>Exams and cleanings</li> <li>Bitewing X-rays</li> <li>Sealants</li> <li>Fluoride treatments</li> <li>Brush biopsies</li> <li>Periodontal maintenance</li> </ul>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>	Delta Dental Pays <b>100%</b>
All plans include our Health through Oral Wellness® (HOW®) Program <sup>1</sup> & our Double-Up Max <sup>SM</sup> Feature <sup>2</sup>					
<b>Basic Restorative</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Routine extractions</li> <li>Panoramic X-rays</li> <li>Space maintainers</li> <li>Palliative treatment</li> <li>Anesthesia</li> <li>Athletic mouthguards</li> <li>Teeth whitening</li> </ul>	Delta Dental Pays <b>50%</b>	Delta Dental Pays <b>75%</b>	Delta Dental Pays <b>50%</b>	Delta Dental Pays <b>75%</b>	Delta Dental Pays <b>80%</b>
<b>Major Restorative</b> <ul style="list-style-type: none"> <li>Treatment of gum disease</li> <li>Dentures &amp; denture repair</li> <li>Root canal therapy</li> <li>Crowns &amp; crown lengthening</li> <li>Oral surgery</li> <li>Onlays</li> <li>Dental implants</li> <li>Veneers</li> </ul>	Delta Dental Pays <b>25%</b>	Delta Dental Pays <b>25%</b>	Delta Dental Pays <b>50%</b>	Delta Dental Pays <b>50%</b>	Delta Dental Pays <b>50%</b>
Calendar Year Deductible per Person/Family (Basic & Major only)	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>
Calendar Year Maximum per Person Includes Double-Up Max <sup>SM</sup> <sup>2</sup>	<b>\$750 up to \$1,500</b>	<b>\$1,000 up to \$2,000</b>	<b>\$1,250 up to \$2,500</b>	<b>\$1,500 up to \$3,000</b>	<b>\$1,750 up to \$3,500</b>
<b>Orthodontics</b> <ul style="list-style-type: none"> <li>Correction of crooked teeth for adults and children</li> </ul>	N/A	N/A	N/A	N/A	After a 6-month Waiting Period <sup>3</sup> Delta Dental Pays <b>50%</b> Up to a separate Lifetime Maximum per Person of <b>\$1,750</b>
<b>Maine</b> Self	\$36.44	\$49.19	\$44.06	\$57.00	\$70.32
Monthly Self + 1	\$70.72	\$95.46	\$85.50	\$110.61	\$136.45
Rates: Self + 2 or more	\$124.95	\$168.67	\$151.07	\$195.43	\$241.09
<b>New Hampshire</b> Self	\$38.44	\$51.89	\$46.47	\$60.12	\$74.17
Monthly Self + 1	\$74.57	\$100.67	\$90.16	\$116.63	\$143.88
Rates: Self + 2 or more	\$137.11	\$177.83	\$159.27	\$206.04	\$254.18
<b>Vermont</b> Self	\$34.58	\$46.67	\$41.80	\$54.08	\$66.71
Monthly Self + 1	\$65.77	\$88.79	\$79.52	\$102.87	\$126.90
Rates: Self + 2 or more	\$115.16	\$155.45	\$139.23	\$180.12	\$222.20

Rates are valid for first-of-the-month effective dates April 2023 – March 2024

[www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) <sup>2</sup> Double-Up Max<sup>SM</sup> Flyer. <sup>3</sup> The orthodontic waiting period is waived if there is dental coverage in place immediately prior to the effective date of this coverage. All plans include a free vision and hearing discount program: [Vision & Hearing Discount Flyer](#). Disclaimer: This flyer is intended to provide a general overview of coverage. Additional conditions and limitations apply. Please review policy documents for full details.

For further assistance, call (603) 622-5100 (or) email [HealthPlanSavings@comcast.net](mailto:HealthPlanSavings@comcast.net)  
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