

# Northeast Delta Dental Individual and Family Plans



		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
<b>Dental Provider Network</b>		Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO™	Delta Dental PPO Plus Premier™
<b>Diagnostic &amp; Preventive</b> (No waiting period, no deductible) • Exams and cleanings • Bitewing X-rays • Sealants • Fluoride treatments • Brush biopsies • Periodontal maintenance		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>
<b>All plans include our Health through Oral Wellness® (HOW®) Program<sup>1</sup> &amp; our Double-Up Max™ Feature<sup>2</sup></b>						
<b>Basic Restorative</b> • Fillings • Routine extractions • Panoramic X-rays • Space maintainers • Palliative treatment • Anesthesia • Athletic mouthguards • Teeth whitening		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> • Treatment of gum disease • Dentures & denture repair • Root canal therapy • Crowns & crown lengthening • Oral surgery • Onlays • Dental implants • Veneers		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>
<b>Annual Deductible</b> per Person/Family (Applies to Basic & Major only)		<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>	<b>\$50 / \$150</b>
<b>Calendar Year Maximum</b> per Person (Includes Double-Up Max™) <sup>2</sup>		<b>\$750</b>	<b>\$1,000</b>	<b>\$1,250</b>	<b>\$1,500</b>	<b>\$1,750</b>
<b>Orthodontics</b> (After a 6-month waiting period) • Correction of crooked teeth for adults and children		N/A	N/A	N/A	N/A	Delta Dental Pays <b>50%</b> Up to a separate Lifetime Maximum per person of \$1,750
<b>Monthly Rates:</b>	Self	\$42.30	\$57.09	\$52.83	\$68.35	\$84.32
	Self + 1	\$82.08	\$110.80	\$102.51	\$132.63	\$163.60
	Self + 2 or more	\$145.03	\$195.78	\$181.13	\$234.33	\$289.07
<b>New Hampshire</b>	Self	\$44.62	\$60.23	\$55.71	\$72.08	\$88.94
	Self + 1	\$86.55	\$116.85	\$108.11	\$139.84	\$172.52
	Self + 2 or more	\$152.91	\$206.41	\$190.97	\$247.04	\$304.77
<b>Vermont</b>	Self	\$40.13	\$54.17	\$50.12	\$64.85	\$79.99
	Self + 1	\$76.34	\$103.06	\$95.34	\$123.34	\$152.16
	Self + 2 or more	\$133.67	\$180.43	\$166.94	\$215.97	\$266.42

Rates are valid for first-of-the-month effective dates April 2025 - March 2026

<sup>1</sup> [www.HealthThroughOralWellness.com](http://www.HealthThroughOralWellness.com) <sup>2</sup> Double-Up Max™ 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) 622-5700 (or) email [HealthPlansavings@comcast.net](mailto:HealthPlansavings@comcast.net)

Alternative Benefit Solutions, LLC