

Maple Shade Board of Education

Delta Dental Premier/Advantage Program/Delta Dental PPO

Covered Benefit	Administrators 01, 6001, 8001 Delta Dental Pays*	All Others 04, 6004, 8004 Delta Dental Pays*
Annual Deductible)	No Deductible	No Deductible
Annual Maximum per Person	\$1,750	\$1,750
Exams & Preventive Services Exams* All exams Fluoride treatment (child) Sealant application Prophylaxis	100%	100%
X-rays* Panoramic Full-mouth X-rays	100%	100%
Restorations and Repairs Amalgam restorations Composite restorations (other than for molars) Denture adjustments and repairs	70%	70%
Endodontics Pulp cap/Pulpotomy Root canal therapy – anterior, bicuspid, molar	70%	70%
Periodontics Scaling and root planing Gingivectomy Soft tissue grafts Periodontal maintenance Osseous surgery	70%	70%
Oral Surgery Routine extractions Soft tissue surgical extractions Incision and drainage of abscess Surgical extractions – impacted	70%	70%
Major Restoration Crowns	70%	70%
Dentures/Fixed Bridges Complete and partial dentures/Retainers and pontics	50%	50%
Orthodontia (Dependent Children Only) Lifetime Maximum	50% \$1,750	50% \$2,500

**Delta Dental pays up to their allowable expenses on non-participating Delta Dental providers*