In-Network Plan Options			
Current network: Delta Dental	Basic	Standard	Premium
Annual Deductible	\$75 /person \$150 /family	\$50 /person \$100 /family	\$25 /person \$50 /family
Annual Maximum Benefit	\$1,000 /person	\$1,500 /person	\$2,500 /person
Lifetime Maximum Benefit Orthodontia	Not Covered	\$1,500 /person	\$1,800 /person
Preventative Care	80% Covered Deductible Waived	100% Covered Deductible Waived	100% Covered Deductible Waived
Basic Care	Covered at 80%	Covered at 80%	Covered at 80%
Major Care	Covered at 50%	Covered at 50%	Covered at 60%
Orthodontia Care	Not Covered	Covered at 60%	Covered at 60%
Adult Orthodontics	Not Covered	Yes	Yes
Sealants	Covered to age 16	Covered to age 16	Covered to age 16