



State of Delaware Dental Plan Comparison Chart for COBRA Participants (Effective July 1, 2024)

Please note: Contact ASI COBRA at 1-877-388-8331 with questions regarding your COBRA Continuation Coverage status, premium payments, and plan rates.

| Plan Options | Delta Dental PPO Plan | | Dominion National DHMO Plan*** | |
|---|---|--|---|----------------|
| Plan Type | Preferred Provider Organization (PPO) | | Dental Health Maintenance Organization (DHMO) | |
| Primary Care Provider (PCP) Selection | Not Required | | Required | |
| Plan Feature | Delta PPO Dentists** | Delta Premier Dentists & Out-of-Network Dentists** | In-Network | Out-of-Network |
| Diagnostic and Preventive Services (exams, cleanings, x-rays) | 100% covered, not subject to deductible | 20% coinsurance, not subject to deductible | 100% covered* | Not covered |
| Deductible (Per plan year) | \$50 per individual/ \$150 per family | \$50 per individual/ \$150 per family | N/A | N/A |
| Annual Maximum | \$1,500 per individual | \$1,500 per individual | N/A | N/A |
| Fillings | 20% coinsurance after deductible | 20% coinsurance after deductible | \$58 per filling (3 surface/silver) | Not covered |
| Root Canals | 20% coinsurance after deductible | 20% coinsurance after deductible | \$325 per root canal (anterior tooth) | Not covered |
| Crowns | 50% coinsurance after deductible | 50% coinsurance after deductible | \$495 per crown (porcelain/metal) | Not covered |
| Complete Dentures | 50% coinsurance after deductible | 50% coinsurance after deductible | \$664 | Not covered |
| Implants, Surgical Placement | 50% coinsurance after deductible | 50% coinsurance after deductible | \$507 | Not covered |
| Orthodontics (child) | \$50 lifetime deductible, \$1000 lifetime maximum | \$50 lifetime deductible, \$1000 lifetime maximum | \$3,764 | Not covered |
| Orthodontics (adult) | \$50 lifetime deductible, \$1000 lifetime maximum | \$50 lifetime deductible, \$1000 lifetime maximum | \$4,024 | Not covered |

Delta Dental is a registered trademark of Delta Dental Plans Association

Important Note:

* Each family member who receives two cleanings during the plan year from a participating Dominion network dentist receives a \$20 reward.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

***For the Dominion National DHMO Plan please refer to the summary of benefits for a complete list of ADA codes/fees and plan limitations/exclusions.

For more information, visit the Statewide Benefits Office (SBO) website at de.gov/statewidebenefits.