Delta Dental Comparison of Medicaid Dental Proposals

Benefit	State Proposal	DDCO Proposal
Annual Maximum	$1,000 per person	$1,000 per person
Deductibles	None	None
Copays	None	None
Eligibility	Medicaid adults 21+	Medicaid adults 21+
Preventive and Diagnostic	Oral Evaluation (2 per 12 months) Full Mouth X-Rays (1 per 60 months) Bitewing X-Rays (1 per 12 months)	Oral Evaluation (2 per 12 months, 4 with specified diseases) Full Mouth X-Rays (1 per 60 months) Bitewing X-Rays (1 per 12 months) Fluoride (2 per 12 months)
Restorative Services	Amalgam and Composite (1 per tooth per 36 months)	Amalgam and Composite
Crowns	Single Crowns (1 per tooth per 84 months)	Not covered
Endodontics (Root Canals)	Excluding third molars (1 per tooth per lifetime)	Excludes all molars
Periodontal	Scaling and root planing and periodontal maintenance (2 per 12 months, count as cleanings)	Scaling and root planing (one per quadrant per 36 months, 2 quads per visit) Periodontal maintenance only allowed as follow-up to scaling and root planing (within 12 months)
Prosthetics	Full and partial dentures (1 per 84 months)	Full and/or immediate dentures (once per lifetime) Partial dentures (1 per 10 years) No limit to adjustments Rebase and reline (1 per 5 years)
Implants	Not covered	Not covered
Oral Surgery	Simple extractions covered, no coverage for asymptomatic third molars	Includes surgical extractions if infected or abscessed, causing severe pain, or unusual swelling
Orthodontics	Not covered	Covered for cleft palate
Additional Exclusions	None	Bridges, Cosmetic Procedures