

Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$1,500	Per Individual
Orthodontic Lifetime Maximum	\$1,500	
Prevention First	Included	Deductibles do not apply to Diagnostic & Preventive Services, and these services do not count against calendar-year maximum when using a PPO™ or Premier® provider for all services.

Network	Delta Dental PPO™ Provider	Delta Dental Premier® Provider	Non-Participating Provider	Benefit Limitations
<b>Diagnostic &amp; Preventive Services</b>				
Oral Exams & Cleanings	100%	100%	100%	2 per calendar year; up to 2 additional cleanings with any documented Evidence-Based Dentistry (EBD) condition
Limited Oral Evaluation – Problem Focused	100%	100%	100%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	100%	100%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	100%	100%	1 per tooth (permanent posterior molars) in any 3 year period through age 19
Bitewing X-Rays	100%	100%	100%	1 set (any number of films) per calendar year (includes vertical Bitewing X-Ray)
Full-mouth X-Rays	100%	100%	100%	1 per 5 years unless documentation of special need; Full-mouth or Panoramic X-Ray covered
Fluoride	100%	100%	100%	2 per calendar year, no age limitation
Space Maintainers	100%	100%	100%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
<b>Basic Services</b>				
Fillings	90%	80%	80%	Posterior Composites: 1 per tooth and surface per 5 years
Oral Surgery	90%	80%	80%	
Endodontics/Periodontics	90%	80%	80%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Anesthesia Services	90%	80%	80%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement, and Oral Surgery
<b>Major Services</b>				
Denture Repair/Reline	60%	50%	50%	1 per 3 years per appliance
Crowns, Implants	60%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years; not a benefit under age 16
Dentures, Bridges	60%	50%	50%	1 per 7 years; not a benefit under age 16
Occlusal Guards	60%	50%	50%	1 per 5 years; adjustments covered 1 per year following 6 months of initial placement
<b>Orthodontic Services</b>	50%	50%	50%	To age 19; \$1,500 lifetime maximum Paid on a yearly basis (50% at banding, 50% one year later)

**Your plan has Right Start 4 Kids®. This product enhancement covers children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply.**

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed provider, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

**PPO Provider** – Payment is based on the PPO provider’s allowable fee, or the actual fee charged, whichever is less.

**Premier Provider** – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Provider** – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the provider (balance-billing). You will receive the best benefit by choosing a PPO provider.

Open enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under the dental plan. Please refer to the employee benefit booklet for full plan details. If differences exist between this summary and the employee benefit booklet, the employee benefit booklet will govern.

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