

Calendar-year Deductible	\$50 Individual \$150 Family	Applies to Basic & Major services only
Calendar-year Maximum	\$1,000	Per individual
Prevention First/RS4K®	Not included	

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non- Participating Dentist	Benefit Limitations
Diagnostic & Preventive Services				
Oral exams & cleanings	100%	80%	80%	2 per calendar year
Limited oral evaluation: problem focused	100%	80%	80%	2 per calendar year (in addition to oral exam)
Screenings	100%	80%	80%	2 per calendar year (in addition to oral exam)
Sealants	100%	80%	80%	1 per tooth (permanent posterior molars) in any 3-year period through age 14
Bitewing X-rays	100%	80%	80%	1 set (any # of films) per calendar year (includes vertical bitewing X-ray)
Full-mouth X-rays	100%	80%	80%	1 per 5 years unless documentation of special need; full-mouth or panoramic X-ray covered
Fluoride	100%	80%	80%	1 per calendar year through age 14
Space maintainers	100%	80%	80%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
Basic Services				
Fillings	80%	80%	80%	Posterior composites: 1 per tooth and surface per 5 years; covered up to the cost of an amalgam filling
Major Services				
Denture repair/reline	50%	50%	50%	1 per 3 years per appliance
Crowns, implants	50%	50%	50%	Crowns: 1 per 10 years; not a benefit under age 12 Implants: Not covered
Dentures, bridges	50%	50%	50%	1 per 10 years; not a benefit under age 16
Oral surgery	50%	50%	50%	
Endodontics/ periodontics	50%	50%	50%	Periodontal cleanings: 2 maintenance cleanings per year (not to exceed 2 cleanings per year)
Anesthesia Services	50%	50%	50%	General IV sedation or analgesia (nitrous oxide): Up to 1 hour covered with endodontics, periodontal surgery, surgical implant placement, and oral surgery
Orthodontic Services not included				

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 nonparticipating MPA and the full fee charged by the provider (balance-billing).

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

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