

Benefits

| | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Nonparticipating Dentist |
|---|-----------------------------|---------------------------------|-----------------------------|
| | Plan Pays | Plan Pays | Plan Pays |
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers | 100% | 100% | 100% |
| Brush Biopsy - to detect oral cancer | 100% | 100% | 100% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Emergency Palliative Treatment - to temporarily relieve pain | 90% | 80% | 80% |
| Sealants - to prevent decay of permanent teeth | 90% | 80% | 80% |
| Minor Restorative Services - fillings | 90% | 80% | 80% |
| Endodontic Services - root canals | 90% | 80% | 80% |
| Periodontic Services - to treat gum disease | 90% | 80% | 80% |
| Oral Surgery Services - extractions and dental surgery | 90% | 80% | 80% |
| Other Basic Services - misc. services | 90% | 80% | 80% |
| Adjustments and Repairs - to bridges and dentures | 90% | 80% | 80% |
| Major Services | | | |
| Crown Repair - to individual crowns | 60% | 50% | 50% |
| Major Restorative Services - crowns | 60% | 50% | 50% |
| Relines and Rebase - to dentures | 60% | 50% | 50% |
| Implant Repair - implant maintenance, repair, and removal | 60% | 50% | 50% |
| Prosthodontic Services - bridges, implants, and dentures | 60% | 50% | 50% |
| Orthodontic Services | | | |
| Orthodontic Services - braces | 50% | 50% | 50% |
| Orthodontic Age Limit - | No Age Limit | No Age Limit | No Age Limit |

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Deductible: \$50 Deductible per person total per calendar year limited to a maximum Deductible of \$150 per family per calendar year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics.

Maximum Payment: \$1,500 per person total per calendar year on all services, except oral exams, preventive, X-rays, full mouth debridement, periodontal maintenance, cephalometric films, photos, diagnostic casts and orthodontic services. \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.