

<b>Annual Deductible (applies to Basic and Major Services Only)</b>	<b>\$50/person; \$150/family (when using a Delta Dental PPO or Premier dentist) \$100/person; \$300/family (when using a non-network dentist)</b>
<b>Annual Maximum</b>	<b>\$750/person (when using a Delta Dental PPO or Premier dentist) \$500/person (when using a non-network dentist)</b>
<b>Enhanced Benefits Program</b>	<b>Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.</b>

	<b>Delta Dental PPO Network Dentist</b>	<b>Delta Dental Premier® Network Dentist</b>	<b>Non-Network Dentist</b>
<b><u>PREVENTIVE/DIAGNOSTIC SERVICES</u></b> <ul style="list-style-type: none"> <li>Routine exams (two per benefit year)</li> <li>Cleanings (one per benefit period)</li> <li>Bitewing x-rays – twice per benefit year</li> <li>Fluoride treatments (once per benefit year to age 19)</li> <li>Space maintainers (to age 14)</li> <li>Sealants (to age 16)</li> </ul>	<b>100%*</b>	<b>100% **</b>	<b>50%***</b>
<b><u>BASIC SERVICES</u></b> <ul style="list-style-type: none"> <li>Fillings (silver (amalgam) and tooth colored (composite) on front teeth)</li> <li>Posterior composites (tooth colored fillings on back teeth)</li> <li>Emergency exams &amp; palliative (pain relief) treatment</li> <li>Full mouth x-rays – once every three years</li> <li>All other x-rays</li> <li>Oral surgery – simple extractions</li> </ul>	<b>80%*</b>	<b>80%**</b>	<b>50%***</b>
<b><u>MAJOR RESTORATIVE SERVICES</u></b> <ul style="list-style-type: none"> <li>Crowns, onlays, and other ceramic restorations to permanent teeth</li> <li>Partial/full dentures</li> <li>Denture (repair, reline, rebase and adjustments)</li> <li>Repairs and recements to crowns, bridges, inlays and onlays</li> <li>Fixed/removable bridges</li> <li>Periodontics</li> <li>Endodontics</li> <li>Oral surgery – surgical extractions</li> <li>General anesthesia (in conjunction with oral surgery)</li> </ul>	<b>50%*</b>	<b>50%**</b>	<b>50%***</b>

**\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental’s allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.**

**\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental’s maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.**

**\*\*\*Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental’s allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental’s maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.**