

Maximum Benefit	Calendar-year Maximum	\$1,500 per member, per calendar year
Deductible	Calendar-year Maximum	Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network
Right Start 4 Kids®	Included	Covers children up to their 13th birthday at 100% 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% reimbursement. Learn More
Prevention First	Included	Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations (Subject to Delta Dental guidelines)
Diagnostic & Preventive Services				
Oral Exams	100%	100%	100%	Twice each in a calendar year.
Cleanings	100%	100%	100%	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
Bitewing X-rays	100%	100%	100%	Once in a calendar year
Full Mouth X-rays	100%	100%	100%	Once in a 5-year period
Fluoride	100%	100%	100%	Twice in a calendar year, through age 15
Sealants	100%	100%	100%	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
Space Maintainers	100%	100%	100%	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
Basic Services				
Fillings	80%	80%	80%	Once per tooth in a 12-month period; composite (white) fillings
Simple Extractions	80%	80%	80%	

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations (Subject to Delta Dental guidelines)
Basic Services				
Oral Surgery	80%	80%	80%	
Endodontics	80%	80%	80%	
Periodontics	80%	80%	80%	
Major Services				
Crowns	50%	50%	50%	Once per tooth in 5-year period. Not a benefit under age 12.
Dentures	50%	50%	50%	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable
Bridges	50%	50%	50%	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable
Implants	50%	50%	50%	Once per tooth in a 5-year period. Not a benefit under age 16.
Orthodontics Not Covered				
Orthodontics				
Additional Benefits				
Periodontal Maintenance	100%	100%	100%	Limited to 4 in a calendar year

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist – Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.
Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating allowable amount using custom percentile pricing. Members are responsible for the difference between the full fee charged by the provider and the non-participating allowable amount. You will receive the best benefit by choosing a PPO provider.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

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.