

<b>Annual Deductible (applies to Basic and Major Services Only)</b>	<b>\$50/person; \$150/family</b>
<b>Annual Maximum</b>	<b>\$1,000/person</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> <b>(not subject to annual deductible)</b> <ul style="list-style-type: none"> <li>• Routine exams (two per benefit year)</li> <li>• Cleanings (two per benefit year)</li> <li>• X-rays (bitewings – one per benefit year; full mouth - every five years)</li> <li>• Fluoride treatments (2 per benefit year to age 19)</li> <li>• Space maintainers (to age 14)</li> <li>• Sealants (to age 19)</li> <li>• Emergency exams &amp; palliative (pain relief) treatment</li> </ul>	<b>100%*</b>	<b>100%**</b>	<b>100%***</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>• Oral surgery (simple extractions)</li> </ul>	<b>80%*</b>	<b>80%**</b>	<b>80%***</b>
<b><u>MAJOR RESTORATIVE SERVICES</u></b> <ul style="list-style-type: none"> <li>• Implants</li> <li>• Crowns, onlays, and other ceramic restorations to permanent teeth</li> <li>• Crown repairs</li> <li>• Partial/full dentures</li> <li>• Denture (repair, relines, rebase and adjustments)</li> <li>• Fixed/removable bridges</li> <li>• Periodontic (gum) maintenance</li> <li>• Oral surgery (excluding simple extractions)</li> <li>• Endodontics (root canals and pulpal therapy)</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. Your plan is based on Delta Dental PPO and Premier dentists can charge you the difference between the PPO fee and maximum plan allowance, but 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 PPO fee. These dentists can charge you for costs exceeding the PPO fee.**