

Dental Benefits

Delta Dental Program at a Glance			
Feature	In-Network	Premier	Out-of-Network
Annual Deductible	\$0 per person \$0 per family	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Services	Plan pays 100%		
Basic Restorative Services	Plan pays 80% after deductible		
Major Restorative Services	Plan pays 50% after deductible		
	Plan One	Plan Two	Plan Three
Annual Maximum	Plan pays \$2,000 per person, per benefits year	Plan pays \$1,500 per person, per benefits year	Plan pays \$1,000 per person, per benefits year
Orthodontia	Plan pays 50% up to \$3,000 per member, per lifetime	Plan pays 50% up to \$1,500 per member, per lifetime	Plan pays 50% up to \$1,000 per member, per lifetime
Out of Network Schedule	Maximum Plan Allowance		

Selected Coverage*

Preventive Care covers:

- Oral examinations and cleanings (Two per calendar year)
- Bitewing X-rays (Two per calendar year)
- Fluoride Treatments through age 18
- Sealants through age 15
- Space Maintainers through age 18

Basic Restorative Services cover:

- Amalgam and composite fillings (once per surface in a 12-month interval)
- Simple extractions
- Endodontics root canal
- Non-surgical periodontics

Major Restorative Services cover:

- Surgical periodontics
- Inlays, crowns, onlays
- Bridges and dentures
- Implants

Orthodontia

Covers services for children to age 19

***For other services and exclusions, see your Delta Dental materials and the summary plan description.**

Dental coverage is offered on a group plan basis, if you select this coverage you must remain enrolled for the entire year unless you have an eligible life event as defined by the IRS..