

<b>Eligible Dependents</b>	Spouse/ and dependent children to age 26
<b>Annual Deductible (applies to Basic and Major Services Only)</b>	\$25/person; \$75/family
<b>Annual Maximum</b>	\$1,500/person
<b>ToGo<sup>SM</sup> Carryover Feature</b>	Your plan allows you and your covered dependents to carry over qualified unused portions of your annual maximum from one year to the next.
<b>Enhanced Benefits Program</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>Lifetime Orthodontic Maximum</b>	\$1,200/dependent

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<b>PREVENTIVE/DIAGNOSTIC SERVICES</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 – two per benefit year; full mouth - every three years)</li> <li>Fluoride treatments (once per benefit year to age 14)</li> <li>Space maintainers (to age 16)</li> <li>Emergency exams &amp; palliative (pain relief) treatment</li> <li>Sealants (to age 16)</li> <li>Fixed and removable appliances to inhibit thumb sucking</li> </ul>	100%*	100%**	100%***
<b>BASIC SERVICES</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Pin retention</li> <li>Tissue conditioning</li> <li>Occlusal guards, occlusal adjustments</li> <li>Periodontics</li> <li>Oral surgery – including general anesthesia</li> <li>IV sedation, IM sedation, Nitrous oxide</li> <li>Endodontics</li> <li>Repair, reline, rebase and adjustments to dentures</li> <li>Repair, recementation of bridges, crowns, inlays, onlays</li> <li>Stainless steel crowns, prefab resin crowns</li> </ul>	80%*	80%**	80%***
<b>MAJOR RESTORATIVE SERVICES</b> <ul style="list-style-type: none"> <li>Cast restorations - crowns, onlays, post and core</li> <li>Prostodontics – bridges, partial dentures and complete dentures</li> <li>Implant supported prosthetics</li> <li>Labial veneers</li> </ul>	50%*	50%**	50%***
<b>ORTHODONTICS (to age 19)</b> Treatment necessary for proper alignment of teeth	50%*	50%**	50%***

\*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 the 90<sup>th</sup> percentile MDR allowance.