

SUMMARY OF COVERAGE

Deductible
per person per calendar year
Annual Benefit Maximum
per person per calendar year

Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
\$25*	\$25*	\$25*
\$750		

BENEFIT CATEGORIES

Diagnostic & Preventive Services
routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants
Routine & Restorative Services
cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment
Posterior Composites
silver filling on back teeth**
Endodontic Services
root canals and therapy
Periodontal Services
non-surgical procedures, gum and bone diseases, surgical procedures, perio maintenance therapy
High Cost Restorations
repair crowns, crowns, recementing crowns
Prosthetics
bridges, dentures, repairs and adjustments
Implants
Corrective Orthodontia Benefit & Lifetime Maximum
Child Only

Coinsurance paid by member		
0%	0%	0%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50% coinsurance and \$1,000 lifetime maximum.		

*Deductible is waived for diagnostic and preventive care.
Orthodontia benefits for eligible children to age 19 and full-time students eligible to age 19.
**If you choose a tooth-colored filling for your back (posterior) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.
Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.
The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.