Delta Dental Benefit Overview

	BASIC DENTAL PLAN			PREMIUM DENTAL PLAN		
	In Network PPO Dentist	In Network Premier Dentist	Out of Network*	In Network PPO Dentist	In Network Premier Dentist	Out of Network*
Annual Deductible Applies to Basic and Major Services	\$50 individual and \$150 per family			\$50 individual and \$150 per family		
Annual maximum Plan will pay per covered individual	\$1,000	\$750	\$750	\$2,000	\$2,000	\$750
Diagnostic and preventive services (exams, cleanings, sealants, x-rays)	You pay 0%	You pay 50%	You pay 50%*	You pay 0%	You pay 0%	You pay 20%*
	Deductible does not apply	Deductible does not apply	Deductible does not apply	Deductible does not apply	Deductible does not apply	Deductible does not apply
Basic Services (fillings, root canals, treatment for gum disease, oral surgery)	You pay 20% after the deductible	You pay 50% after the deductible	You pay 50%* after the deductible	You pay 10% after the deductible	You pay 20% after the deductible	You pay 20%* after the deductible
Major restorative services (crowns, bridges, dentures, implants)	You pay 50% after the deductible	You pay 50% after the deductible	You pay 50%* after the deductible	You pay 40% after the deductible	You pay 50% after the deductible	You pay 50%* after the deductible
Orthodontia**	Not covered	Not covered	Not covered	You pay 50% Plan will pay a max lifetime benefit of \$2,000 per child	You pay 50% Plan will pay a max lifetime benefit of \$2,000 per child	You pay 50% Plan will pay a max lifetime benefit of \$1,000 per child

^{*}If you visit an out-of-network dentist, you will be responsible for any coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment.



^{**}Orthodontia does not apply to the annual benefit maximum.