



Standard Plan

**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*	\$50*	\$50*
\$1,000		

**BENEFIT CATEGORIES**

**Diagnostic & Preventive Services**

routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers

**Routine & Restorative Services**

cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment

**Posterior Composites**

tooth-colored 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**

crowns, recementing crowns

**Prosthetics**

bridges, dentures, repairs and adjustments

**Implants**

**Corrective Orthodontia Benefit & Lifetime Maximum**

Child Only

**To Go<sup>SM</sup>**

**Coinsurance paid by member**

0%	0%	0%
10%	20%	20%
10%	20%	20%
10%	20%	20%
10%	20%	20%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50% coinsurance and \$1,000 lifetime maximum.		
Annual benefit maximum carry over.		

\*Deductible is waived for diagnostic and preventive care.

Orthodontia benefits for eligible children to age 19 and full-time students eligible to age 19.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 26.

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.

Premier Plan

**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
\$15*	\$25*	\$25*
\$2,000		

**BENEFIT CATEGORIES**

**Diagnostic & Preventive Services**

routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers

**Routine & Restorative Services**

cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment

**Posterior Composites**

tooth-colored 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**

crowns, recementing crowns

**Prosthetics**

bridges, dentures, repairs and adjustments

**Implants**

**Corrective Orthodontia Benefit & Lifetime Maximum**

Child Only

**To Go<sup>SM</sup>**

**Coinsurance paid by member**

0%	0%	0%
10%	20%	20%
10%	20%	20%
10%	20%	20%
10%	20%	20%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50% coinsurance and \$2,000 lifetime maximum.		
Annual benefit maximum carry over.		

\*Deductible is waived for diagnostic and preventive care.

Orthodontia benefits for eligible children to age 19 and full-time students eligible to age 19.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 26.

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.