

**Delta Dental PPO™ plus Premier®**  
**Dental Flex \$1,500 with Ortho**  
**Summary of Dental Plan Benefits**

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Service Type	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	80%	80%
<b>Radiographs</b> – X-rays	100%	80%	80%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	80%	80%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	80%	50%	50%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	50%	50%
<b>Sealants</b> – to prevent decay of permanent teeth	80%	50%	50%
<b>Minor Restorative Services</b> – fillings	80%	50%	50%
<b>Anesthesia Services</b> – when medically necessary	80%	50%	50%
<b>TMJ Treatment</b> – treatment of the disorder of the temporomandibular joint and craniomandibular disorder, including related films	80%	50%	50%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Other Basic Services</b> – misc. services	50%	50%	50%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19

\*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Coverage Year – Your coverage year is January 1 through December 31

Benefit Waiting Periods - There is a 6-month waiting period for certain services. Endodontic Services, Periodontic Services, and Oral Surgery, will not be covered until after a person is enrolled in the dental plan for 6 consecutive months. Major Restorative Services, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Deductible – \$50 Deductible is applicable per person per Coverage Year limited to a maximum Deductible of \$150 per family per Coverage Year. The Deductible does not apply to oral exams, preventive services, X- rays, periodontal maintenance, cephalometric films, and orthodontic services.

Annual Maximum – \$1,500 per person total per Coverage Year on all services.

Missing Tooth Clause - Payment will not be made to replace a missing tooth lost before the start of coverage until the member has been eligible for (24) consecutive months.

Orthodontics, is subject to a separate lifetime maximum of \$1,000 per Covered Person and limited to those orthodontic treatment plans commenced on or after the Eligible Dependent Child's eighth (8th) birthday and prior to the Dependent Child's nineteenth (19th) birthday.

Payment for Orthodontic Service – Because orthodontic treatment normally takes place over a long period of time, payments for benefits are made over the course of treatment. The Covered Person must continue to be eligible under the Plan in order to receive ongoing payments for orthodontic benefits. Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits when treatment begins (appliances are installed). Delta Dental will make additional payments as follows: Delta Dental will pay the remaining 70% of the Maximum Payment for Orthodontic Services in 8 (eight) quarterly payments after your benefits and eligibility have been verified at the time of payment.

Orthodontics must be performed and supervised by a licensed dentist or orthodontist who has established the need for such procedures through a complete in-person oral examination, and has developed a proper treatment plan through adequate diagnostic activities, including radiographic imaging.