

Delta Dental PPO™ plus Premier®  
Pathfinder 4  
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%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	80%	80%	80%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	80%	80%	80%
<b>Minor Restorative Services</b> – fillings	80%	80%	80%
<b>Endodontic Services</b> – root canals	80%	80%	80%
<b>Periodontic Services</b> – to treat gum disease	80%	80%	80%
<b>Anesthesia Services</b> – when medically necessary	80%	80%	80%
<b>TMJ Treatment</b> – treatment of the disorder of the temporomandibular joint and craniomandibular disorder, including related films	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	55%	55%	55%
<b>Oral Surgery Services</b> – extractions and dental surgery	55%	55%	55%
<b>Major Restorative Services</b> – crowns	55%	55%	55%
<b>Other Basic Services</b> – misc. services	55%	55%	55%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	55%	55%	55%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	55%	55%	55%

\*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** – Oral Surgery will not be covered until after a person is enrolled in the dental plan for 6 consecutive months. Crown Repair, Endodontic Services, Periodontic Services, Major Restorative Services, Relines and Repairs and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

**Deductible** – \$100 Deductible is applicable per person per lifetime limited to a maximum Deductible of \$300 per family per lifetime. The lifetime deductible applies to all services.

**Annual Maximum** – \$1,500 per person total per Coverage Year on all services except, oral exams, preventive services, X-rays and periodontal maintenance.

Diagnostic and preventive services do not apply to the annual maximum.

**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.