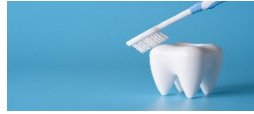


DELTA DENTAL PPO



Benefit Summary

Services	In-Network		Out-of-Network
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
Annual Deductible	No deductible	\$25 per member \$75 per family	\$25 per member \$75 per family
Annual Maximum	Plan maximum selected by district	Limited to \$1,000 regardless of plan maximum	Limited to \$1,000 regardless of plan maximum
Basis of Payment	Participating Fee Allowance	Participating Fee Allowance	Plan Allowance
Diagnostic and Preventive Exams, X-rays, Cleanings	100%	50%	50%
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	50%	50%
Crowns Crowns, Jackets and Cast Restorations	100%	50%	50%
Prosthodontics Dentures, Bridges, and Implants**	50%	50%	50%

*** The Unlimited Plan choice has an annual \$2,000 in-network maximum for dental implants. Out-of-network coverage on implants is limited to 50% up to \$1,000.*

- Annual Plan Maximum = \$2000
- Dental benefit includes two cleanings per calendar year.
- PPO subscribers can use ANY Delta Specialist (i.e., orthodontist, periodontist, endodontist, oral surgeon).
- ORTHODONTIC BENEFITS - Maximum = \$2000
- Pro-rated orthodontia payments are not made after the coverage termination date. Delta pays 50% when patient is banded and 50% 12 months later. If member terminates coverage before 12 months of initial banding, no further payments will be made.

Print your ID card and view all your benefits at:
www.deltadentalins.com