

Maximum Benefit	Contract-year Maximum	\$1,500 per person, per plan year. (Combination of in and out of network).
Deductible	Contract-year Maximum	Applies to Basic and Major Services only. Individual Deductible per plan year - \$50.00 Combination of in and out-of-network. Family Deductible per plan year - \$150.00 Combination of in and out-of-network.
Right Start 4 Kids®	Included	Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.
Prevention First	Included	Diagnostic and Preventive services do not count against the annual maximum.

Covered Services

Diagnostic & Preventive Services	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations
Oral Exams	100%	100%	100%	Limited to 2 evaluations in a plan year.
Cleanings	100%	100%	100%	Limited to 2 cleanings in a plan year.
Bitewing X-rays	100%	100%	100%	Limited to 2 sets in a plan year.
Full-mouth X-rays	100%	100%	100%	Limited to 1 in a 36 month period.
Fluoride	100%	100%	100%	Limited to 2 treatments in a plan year through age 14.
Sealants	100%	100%	100%	1 per tooth in 36 months through age 14 on unrestored permanent molars.
Space Maintainers	100%	100%	100%	For premature loss of baby teeth only through age 18.
Basic Services	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations
Fillings	70%	70%	70%	Benefit on the same surface limited to 1 in 12 months. Resin Composite fillings- Posterior and Anterior teeth.
Simple Extractions	70%	70%	70%	
Oral Surgery	70%	70%	70%	
Endodontics	70%	70%	70%	Root Canal Therapy
Periodontics	70%	70%	70%	Surgical Periodontal (Gums)- Benefit once every 36 months.

Major Services	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations
Crowns	50%	50%	50%	Benefit 1 in 60 months on same tooth. Not a benefit under age 12.
Dentures	50%	50%	50%	Benefit 1 in 60 months. Not a benefit under age 16.
Bridges	50%	50%	50%	Benefit 1 in 60 months. Not a benefit under age 16.
Implants	50%	50%	50%	Benefit 1 in 60 months on same tooth.
Orthodontics	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations
Not Covered	0%	0%	0%	
Additional Benefits	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist	Benefit Limitations
General Anesthesia	70%	70%	70%	Benefit with covered oral surgery only.
Partials	50%	50%	50%	Benefit 1 in 60 months. Not a benefit under age 16.
Denture Reline/Rebase	50%	50%	50%	Benefit 6 months after initial insertion then benefit 1 in 36 months.
Occlusal Guard (Night Guard)	50%	50%	50%	Benefit limited to one per lifetime.

* PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Dentist - Payment is based on the Premier Maximum Plan Allowance, or the fee actually charged, whichever is less.

***Non-Participating Dentist - Payment is based on the PPO allowable fee. Members are responsible for the difference between the PPO allowable fee and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Summary Plan Description provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Summary Plan Description, the Summary Plan Description will govern.

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