

Description of Covered Services

See following page for program descriptions

Delta Dental PPO plus Premier

Preventive & Diagnostic Services (No Deductible)

100%

- Exams, Cleanings, (each twice in a twelve (12) month period per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (twice in a twelve (12) month period)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (once in a twelve (12) month period, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (once per space for missing posterior primary teeth, for children under age 14)

Remaining Basic (No Deductible)

70%

- Consultations (payable once per specialty in a calendar year but may reduce the approved charge for the final treatment rendered by the same dentist)
- Fillings - composite and amalgam (composite fillings on back teeth are given the alternate benefit of an amalgam filling, payable once per year for decay or fracture only)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth and root surgery each once per 24 months)
- Periodontics (have specific frequency limitations, pre-treatment estimate is strongly recommended - e.g., surgery once per 36 months)
- Sealants (1st and 2nd permanent, decay-free molars, once in a lifetime per tooth, for children through age 15)

Prosthodontics & Crowns (After Deductible)

50%

- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older)
- Bridgework (once every five years, for ages 16 and older) (bridges with four or more missing teeth in that arch may be given an alternate benefit of a partial denture)
- Full & Partial Dentures (either one, once every five years, partial dentures for ages 16 or older) (fixed bridges and removable partial dentures are not benefits in the same arch; benefits will be provided for the removable partial denture only)
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)
- Repair of Dentures (Repair of existing prosthetic appliances)

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Calendar Year Maximum (per person)

\$1,500.00

Calendar Year Deductible

- Individual
- Family (family deductible is accumulated by individual deductibles)

\$50.00

N/A

At no time are you allowed two (2) maximums or subject to two (2) deductibles.

Orthodontia

N/A

Orthodontic treatment is a benefit limited to once in a lifetime.

- Maximum (Lifetime)
- Deductible (Lifetime)

N/A

N/A

Description of Programs

Delta Dental PPO plus Premier - See explanation under "Product Descriptions" section at back of booklet.

Under all programs, non-participating dentists may balance bill above the maximum allowable charge.