

Carrier Name Plan Name	Delta Dental Insurance Company	
	PPO	
	In-Network	Out-of-Network
General Plan Information		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Annual Plan Maximum	Unlimited	Unlimited
Lifetime Orthodontia Plan Maximum	50% to \$2,500 lifetime maximum, in and out of network combined	50% to \$2,500 lifetime maximum, in and out of network combined
Covered Services		
Diagnostic and Preventive Services		
Diagnostic and Preventive	100%	50%
Oral Exams	100%	50%
Bitewing X-Rays	100%	50%
Full Mouth X-Rays	100%	50%
Cleaning and Scaling	100% 4 cleanings per calendar year (teeth whitening included, one treatment per 24 months) in and out of network combined	50% 4 cleanings per calendar year (teeth whitening included, one treatment per 24 months) in and out of network combined
Fluoride Treatments	100%	50%
Sealants	100% Dependent Children Under 14	50% Dependent Children Under 14
Basic Services		
Basic	100%	50%
Oral Surgery: Extractions and Other Surgical Procedures	100%	50%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	100%	50%
Endodontic Treatment	100%	50%
Periodontic Treatment	100%	50%
Major Services		
Major	50% - \$500 lifetime maximum for occlusal guard in and out of network combined	50% - \$500 lifetime maximum for occlusal guard in and out of network combined
Crowns, Jackets and Cast Restoration Benefits	100%	50%
Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	50%	50%
Implants	Not covered	Not covered
Orthodontia Services		
Orthodontia	50% to \$2,500 lifetime maximum, in and out of network combined	50% to \$2,500 lifetime maximum, in and out of network combined
Adults & Dependent Children	Covered	Covered