

Carrier Name	Delta Dental Insurance Company	
Plan Name	PPO	
	In-Network	Out-of-Network
General Plan Information		
Annual Deductible/Individual	\$0	\$0
Annual Deductible/Family	\$0	\$0
Waived for Preventive	N/A	N/A
Annual Plan Maximum	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum benefit for mouth guard	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum for mouth guard
Lifetime Orthodontia Plan Maximum	50% to \$500 lifetime in/out-of-network combined	50% to \$500 lifetime in/out-of-network combined
Reasonable & Customary Percentile	100%	80% Prosthodontics Covered at 50%
Covered Services		
Diagnostic and Preventive Services		
Diagnostic and Preventive	100%	80%
Oral Exams	100%	80%
Bitewing X-Rays	100%	80%
Full Mouth X-Rays	100%	80%
Cleaning and Scaling	100% (teeth whitening included, one treatment per 24 months)	80% (teeth whitening included, one treatment per 24 months)
Prophylaxis Treatments	100%	80%
Fluoride Treatments	100%	80%
Space Maintainers	100%	80%
Sealants	100% Dependent Children Under 14	80% Dependent Children Under 14
Basic Services		
Basic	100%	80%
Oral Surgery: Extractions and Other Surgical Procedures	100%	80%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	100%	80%
Endodontic Treatment	100%	80%
Periodontic Treatment	100%	80%
Re-linings and Re-basings of Existing Removable Dentures	50%	50%
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	100% Bridges/Dentures 50%	50%
Major Services		
Major	50%	50%
Crowns, Jackets and Cast Restoration Benefits	100%	80%
TMJ	Not covered	Not covered
Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	50%	50%
Implants	Not covered	Not covered
Orthodontia Services		
Orthodontia	50% to \$500 lifetime in-out-of-network combined	50% to \$500 lifetime in/out-of-network combined
Dependent Children	Covered	Covered
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered