

DENTAL PROGRAMS

	DELTA DENTAL			
	DMO	PPO		Indemnity
Network	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	In-Network Only	In-Network	Out-of-Network	In- and Out-of-Network
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will charge you applicable co-pay	Must submit claim to Delta Dental	Participating dentist will charge you applicable co-pay. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	To age 19. End of year age 23 if full-time student.	To age 19. End of year age 23 if full-time student.		To age 19. End of year age 23 if full-time student.
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in- and out-of-network combined)		\$25/\$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	N/A	\$1,000 (in- and out-of-network combined)		\$1,000
Eligibility for Orthodontia Coverage	Children: To age 19. End of year age 23 if full-time student. Employee/Spouse: eligible.	Children: To age 19. Employee/Spouse: not eligible.		Children: To age 19. Employee/Spouse: not eligible.
Coverage Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount participant pays	Amount insurance company pays		Amount insurance company pays
Diagnostic & Preventive Services (exams, cleanings, x-rays)	\$0	80%	70%	See schedule
Basic Services Fillings: one-surface amalgam (procedure code: 2140)	\$0	60%	45%	\$26
Fillings: one-surface composite - anterior (procedure code: 2330)	\$5	60%	45%	\$30
Endodontics Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	\$350	60%	45%	\$282
Periodontics Gingivectomy - per quad (procedure code: 4210)	\$145	60%	45%	\$150
Major Services Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	\$380	50%	35%	\$250
Implants	Not covered	50%	30%	\$1,000
Orthodontic Benefits	See fee schedule	50%	50%	See reimbursement schedule
Orthodontic Lifetime Maximum Benefit Per Person	N/A	\$1,000 (in- and out-of-network combined)		\$1,000

This represents only a portion of the dental schedule. For additional information, refer to the schedule of benefits for each plan.