

# Dental Plans

## SUMMARY OF DELTA DENTAL COSTS

Benefits and Covered Services*	Comprehensive Plan		High Plan	
	Delta Dental PPO Dentists**	Out-of-Network Dentists	Delta Dental PPO Dentists**	Out-of-Network Dentists
Annual Deductible	None	\$50 per person, \$150 per family	None	\$50 per person, \$150 per family
Maximums	\$1,500 per person each calendar year		\$3,000 per person each calendar year	
Diagnostic & Preventive Services Exams, cleanings, x-rays & sealants	you pay 0%	you pay 20%	you pay 0%	you pay 20%
Basic Services Fillings, oral surgery	you pay 20%	you pay 40%	you pay 20%	you pay 40%
Major Services Crowns, inlays, onlays, prosthodontics	you pay 50%	you pay 70%	you pay 40%	you pay 60%
Orthodontic Benefits Adults and dependent children	not covered	not covered	you pay 50%	not covered
Orthodontic Maximums	N/A	N/A	\$1,500 Lifetime	N/A

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.