

# DENTAL PLAN OPTIONS

## DELTA DENTAL SUMMARY OF BENEFITS

DENTAL BENEFITS <i>(Administered by Delta Dental)</i>	EXCLUSIVE PANEL OPTION (EPO)	DELTA DENTAL PPO		
		<i>In-network coverage (PPO Dentists)</i>	<i>In-network coverage (Premier Dentists)</i>	<i>Out-of-network coverage (Non-participating Dentists)</i>
Provider Selection	<ul style="list-style-type: none"> <li>➤ Dentist agrees to accept scheduled fees</li> <li>➤ Claim forms are filed by dental office</li> </ul>	<ul style="list-style-type: none"> <li>➤ Dentist agrees to accept scheduled fees</li> <li>➤ Claim forms are filed by dental office</li> </ul>	<ul style="list-style-type: none"> <li>➤ Dentist agrees to accept scheduled fees</li> <li>➤ Claim forms are filed by dental office</li> </ul>	<ul style="list-style-type: none"> <li>➤ Benefits are based on Delta's allowed charges</li> <li>➤ You pay any excess charges above Delta's allowed charges</li> <li>➤ You are responsible for filing claim forms</li> </ul>
Plan-Year Deductible	None	\$50 per member per plan year—deductible does not apply to diagnostic and preventive services	\$75 per member per plan year—deductible does not apply to diagnostic and preventive services	\$75 per member per plan year—deductible does not apply to diagnostic and preventive services
Plan-Year Maximum	\$2,000/person	\$2,000/person	\$2,000/person	\$2,000/person
Preventive (cleanings, fluoride, sealants) and Diagnostic (X-rays, oral examinations)	No copays for initial/periodic oral exam. Up to two cleanings in a plan year.	100%—up to two cleanings in a plan year	100%—up to two cleanings in a plan year.	100% of Delta's allowed charges
Basic Restorative (fillings)	\$32 to \$97 copay, depending on procedure	80% after deductible	60% after deductible	After deductible, 60% of allowed charges
Endodontics (root canal therapy)	\$223 to \$373 copay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Periodontics (treatment of the gums)	\$117 to \$334 copay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Oral Surgery (extractions)	\$39 to \$151 copay, depending on procedure	70% after deductible	50% after deductible	After deductible, 50% of allowed charges
Prosthodontics (crowns, bridges, dentures)	\$22 to \$569 copay, depending on procedure	50% after deductible	40% after deductible	After deductible, 40% of allowed charges
Implants as part of a major restoration	Not covered	50% after deductible	40% after deductible	After deductible, 40% of allowed charges
Orthodontics (children to age 19)	\$4,000 lifetime maximum based on EPO copay schedule	50% to \$1,500 lifetime maximum per child	40% to \$1,500 lifetime maximum per child	40% of allowed charges, up to \$1,500 lifetime maximum per child (deductible does not apply)
Orthodontics (adults)	\$4,000 lifetime maximum based on EPO copay schedule	Not a covered benefit	Not a covered benefit	Not a covered benefit
Emergency Services	\$31 copay	Covered with appropriate coinsurance	Covered with appropriate coinsurance	Covered with appropriate coinsurance