

Age 19 and over		Delta Dental Essential-Family or Child Only 2020		Under Age 19
In PPO Network	Out of PPO Network	Summary of covered services		In/Out of Network
\$1000	\$750	<b>Annual Benefit Maximum-per member</b>		None
None	None	<b>Member Maximum Out-of-Pocket*</b> Only deductibles and coinsurance paid in-network for the Covered Person under the age of 19 will count toward the out-of-pocket maximum. Amounts paid for Optional Procedures, non-covered benefits, and balance billing do not count towards the out-of-pocket maximum.		\$350
\$75	\$100	<b>Annual Deductible-per individual (Applies to all Services)</b>		\$75
<b>Diagnostic and Preventive Services</b>				
100%	80%	<b>Exams:</b> 6 month intervals <b>X-rays:</b> Full mouth series x-rays at 60 month intervals: either individual images or panoramic image. Bitewing x-rays at 12 month intervals for adults and once every 6 months for children (limited to a set of four images). <b>Routine Cleanings:</b> at 6 month intervals. <b>Topical Application of Fluoride:</b> at 6 month intervals, under age nineteen (19) <b>Space Maintainers:</b> for retaining space when a primary tooth is prematurely lost, under age nineteen (19) <b>Sealants:</b> for children under age nineteen (19), one application per tooth every 36 months for permanent molars which are free of decay and restorations		100%
<b>Basic Services</b>				
60%	50%	<b>Fillings:</b> Silver amalgam & for front teeth only, synthetic tooth color fillings <b>Emergency (Palliative Treatment):</b> Treatment for the relief of pain		60%
<b>Major Services</b>				
Not Covered	Not Covered	<b>Endodontics:</b> including root canal treatment and root canal therapy. <b>Pulpal therapy:</b> Pulpal therapy and therapeutic or partial pulpotomy –pulpotomy procedures are not a Benefit under this Policy if a root canal procedure is started within 45 days of the pulpotomy <b>Periodontics- Treatment of Gum Disease:</b> Non-surgical - Once every two (2) years /Surgical - Once every three (3) years <b>Periodontal maintenance procedure:</b> four in twelve months combined with routine prophylaxis, after completion of active periodontal therapy. <b>Restorative:</b> Crowns  Inlays   Onlays- five (5) year waiting period for replacement last performed. <b>Stainless Steel Crowns</b> one per tooth in a three (3) year period. <b>Sedative filling and pin retention.</b> <b>Prosthodontics:</b> Bridges   Partial Dentures   Complete Dentures   Implants - five (5) year waiting period for replacement last performed. <b>Bridge &amp; Denture Repair:</b> Repairs and adjustments to prosthetic appliances. Denture reline and rebase is a Benefit once in any three year period <b>Occlusal guard,</b> by report – one in 12 months for patients age 13 and older <b>Porcelain veneers</b> on crowns are Benefits on the six front teeth, bicuspids, and upper first molars. <b>Oral surgery:</b> Extractions, alveoloplasty. <b>General Anesthesia</b> and intravenous sedation/analgesia when performed in conjunction with covered oral surgery procedures		50%
<b>Orthodontic Services</b>				
Not Covered	Not Covered	<b>Medically Necessary Orthodontic Services Only:</b> Orthodontics covered because of needed orthognathic surgery or because of certain designated syndromes or genetic disorders such as cleft palate for Covered Persons under age 19. Predetermination of benefits from Delta Dental is required		50%

**BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT**

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist. There are three levels of dentists to choose from.

- **PPO Dentist** – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less
- **Premier Dentist** – Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.
- **Non-Participating Dentist** – Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.