

Age 19 and over		Delta Dental Essential-Family or Child Only 2021	Under Age 19
In PPO Network	Out of PPO Network	Summary of covered services	In/Out of Network
\$1000	\$750	Annual Benefit Maximum-per member	None
None	None	Member Maximum Out-of-Pocket* 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	Annual Deductible-per individual (Applies to all Services)	\$75
Diagnostic and Preventive Services			
100%	80%	Exams: 6 month intervals X-rays: 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). Routine Cleanings: at 6 month intervals. Topical Application of Fluoride: at 6 month intervals, under age nineteen (19) Space Maintainers: for retaining space when a primary tooth is prematurely lost, under age nineteen (19) Sealants: for children under age nineteen (19), one application per tooth every 36 months for permanent molars which are free of decay and restorations	100%
Basic Services			
60%	50%	Fillings: Silver amalgam & for front teeth only, synthetic tooth color fillings Emergency (Palliative Treatment): Treatment for the relief of pain	60%
Major Services			
Not Covered	Not Covered	Endodontics: including root canal treatment and root canal therapy. Pulpal therapy: 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 Periodontics- Treatment of Gum Disease: Non-surgical - Once every two (2) years /Surgical - Once every three (3) years Periodontal maintenance procedure: four in twelve months combined with routine prophylaxis, after completion of active periodontal therapy. Restorative: Crowns Inlays Onlays- five (5) year waiting period for replacement last performed. Stainless Steel Crowns one per tooth in a three (3) year period. Sedative filling and pin retention. Prosthodontics: Bridges Partial Dentures Complete Dentures Implants - five (5) year waiting period for replacement last performed. Bridge & Denture Repair: Repairs and adjustments to prosthetic appliances. Denture relines and rebase is a Benefit once in any three year period Occlusal guard, by report – one in 12 months for patients age 13 and older Porcelain veneers on crowns are Benefits on the six front teeth, bicuspids, and upper first molars. Oral surgery: Extractions, alveoloplasty. General Anesthesia and intravenous sedation/analgesia when performed in conjunction with covered oral surgery procedures	50%
Orthodontic Services			
Not Covered	Not Covered	Medically Necessary Orthodontic Services Only: 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.