

| Age 19 and over                           |                       | Delta Dental Select PPO Plan – Family or Pediatric only-2021  |  | Under Age 19          |
|---|-----------------------|---|--|-----------------------|
| In PPO Network                            | Out of PPO Network    | Summary of covered services   |  | In/Out of Network     |
| \$1000<br>None<br>\$25                    | \$750<br>None<br>\$50 | <b>Annual Benefit Maximum-per member</b><br><b>Member Maximum Out-of-Pocket*</b> Only deductibles and coinsurance paid in the PPO 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.   |  | None<br>\$350<br>\$25 |
| <b>Diagnostic and Preventive Services</b> |                       |   |  |                       |
| 100%                                      | 90%                   | <b>Exams:</b> 6 month intervals<br><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).<br><b>Routine Cleanings:</b> at 6 month intervals.<br><b>Topical Application of Fluoride:</b> at 6 month intervals, under age nineteen (19)<br><b>Space Maintainers:</b> for retaining space when a primary tooth is prematurely lost, under age nineteen (19)<br><b>Sealants:</b> for children under age nineteen (19), one application per tooth per tooth every 36 months for permanent molars which are free of decay and restorations  |  | 100%                  |
| <b>Basic Services</b>                     |                       |   |  |                       |
| 80%                                       | 70%                   | <b>Fillings:</b> Silver amalgam & for front teeth only, synthetic tooth color fillings<br><b>Emergency (Palliative Treatment):</b> Treatment for the relief of pain   |  | 80%                   |
| <b>Major Services</b>                     |                       |   |  |                       |
| 50%                                       | 40%                   | <b>Endodontics:</b> including root canal treatment and root canal therapy.<br><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<br><b>Periodontics- Treatment of Gum Disease:</b> Non-surgical - Once every two (2) years<br>Surgical - Once every three (3) years<br><b>Periodontal maintenance procedure:</b> four in twelve months combined with routine prophylaxis, after completion of active periodontal therapy.<br><b>Restorative:</b> Crowns   Inlays   Onlays- five (5) year waiting period for replacement last performed.<br><b>Stainless Steel Crowns</b> one per tooth in a three (3) year period.<br><b>Sedative filling and pin retention.</b><br><b>Prosthetics:</b> Bridges   Partial Dentures   Complete Dentures   Implants - five (5) year waiting period for replacement last performed.<br><b>Bridge &amp; Denture Repair:</b> Repairs and adjustments to prosthetic appliances. Denture relines and rebase is a Benefit once in any three year period<br><b>Occlusal guard,</b> by report – one in 12 months for patients age 13 and older<br><b>Porcelain veneers</b> on crowns are Benefits on the six front teeth, bicuspid, and upper first molars.<br><b>Oral surgery:</b> Extractions, alveoplasty.<br><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           | 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 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 PPO dentist’s allowable fee. Members are responsible for the difference between the Premier Maximum Reimbursable Amount (MRA) and the PPO fee.
- **Non-Participating Dentist** – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.