

# Delta Dental Individual & Family™

## Delta Dental PPO™

### Premium Plan for Families

#### Plan Highlights<sup>1</sup>

Eligibility		
Primary enrollee, spouse or domestic partner, eligible dependent children up to age 26.		
Deductibles and Maximums		
Calendar Year Deductible	Per enrollee	\$50
	Family	\$150
Annual Maximum per Calendar Year	Per enrollee	\$1,500
Orthodontic Deductible	Per enrollee	\$50
Orthodontic Lifetime Maximum	Per enrollee	\$1,500
Covered Services <sup>2</sup>	Delta Dental PPO dentists	Non-Delta Dental PPO dentists
<b>Diagnostic and Preventive (D&amp;P) Services</b> Exams, cleanings, x-rays and sealants	100%	100%
<b>Basic Services</b> Fillings, emergency treatment to relieve pain	80%	80%
<b>Cosmetic Services</b> Teeth whitening, mouth guards	80%	80%
<b>Endodontics</b> Root canals	50%	50%
<b>Periodontics</b> Gum treatments	50%	50%
<b>Oral Surgery</b> Tooth extractions	50%	50%
<b>Prosthodontics</b> Bridges, dentures, implants	50%	50%
<b>Major Services</b> Crowns, inlays, onlays, cast restorations	50%	50%
<b>Orthodontics</b> Adults and dependent children	50%	50%
<b>Waiting Periods</b>	D&P	None
	Basic Services	6 months
	Major Services	12 months
	Orthodontics	12 months

<sup>1</sup> Reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and is not intended or designed to replace or serve as the plan Policy. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan.

<sup>2</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.