

Annual Deductible (applies to Basic and Major Services Only)	\$0/person; \$0/family
Annual Maximum	\$1000/person
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<u>PREVENTIVE/DIAGNOSTIC SERVICES</u> <ul style="list-style-type: none"> • Routine exams (two in twelve months) • Cleanings (one per benefit period) • Bitewing x-rays –twice per benefit year • Fluoride treatments (once per 12 months to age 19) • Space maintainers (to age 16) • Sealants (to age 16) • Emergency exams & palliative (pain relief) treatment • Full mouth x-rays – once every three years 	100%*	100% **	100%***
<u>BASIC SERVICES</u> <ul style="list-style-type: none"> • Fillings (silver (amalgam) and tooth colored (composite) on front teeth) 	100%*	100%	100%

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental’s allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental’s maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

***Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental’s allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental’s maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.