

# Summary of Benefits

## Delta Dental Plan Summary of Benefits

Refer to the "Schedule of Benefits" section on the following pages for details.

Services Covered	Basic Plan Amount of Coverage	Enhanced Plan Amount of Coverage
Calendar Year Maximum (excludes diagnostic casts, cephalometric film, photos, and orthodontics)	\$1,500	\$3,000
Lifetime Orthodontic Maximum	\$1,500	\$3,000
Lifetime Maximum	NA	NA
Annual Deductible (applies to Class II and Class III services only)	\$50 per member	NA
<p><b>CLASS I—Preventive and Diagnostic Services</b>  <i>Note: Members with certain high-risk medical conditions, such as diabetes, heart conditions, and high-risk pregnancies, may be eligible for additional prophylaxes (cleanings) or fluoride treatment</i></p> <ul style="list-style-type: none"> <li>• Oral Examinations - Two in a calendar year</li> <li>• Prophylaxis (cleanings) - Two in a calendar year. Limit does not include periodontal treatment.</li> <li>• Full Mouth X-rays - Once every 2 years</li> <li>• Bite-wing X-rays - Two in a calendar year</li> <li>• Fluoride - Two in a calendar year, under age 19</li> <li>• Space Maintainers – under age 14</li> </ul>	Covered 100%	Covered 100%
<p><b>CLASS II—Basic Services</b></p> <ul style="list-style-type: none"> <li>• Restorative (fillings, including composites on posterior teeth)</li> <li>• General anesthesia</li> <li>• Occlusal guards (TMJ appliances are excluded)</li> <li>• Extractions</li> <li>• Oral surgery (extractions and dental surgery)</li> <li>• Periodontics</li> <li>• Endodontics (root canal therapy)</li> <li>• Emergency palliative treatment</li> <li>• Sealants under age 19, once per tooth per lifetime. Chewing surfaces for permanent first and second molars only. The surface must be free from decay and restorations.</li> </ul>	Covered 80% after deductible	Covered 80%

Services Covered	Basic Plan Amount of Coverage	Enhanced Plan Amount of Coverage
<p><b>CLASS III</b>—Major Services (no age limit for bridges, partial dentures, or full dentures)</p> <ul style="list-style-type: none"> <li>● Crowns, Inlays, and Onlays (includes porcelain crowns on molar teeth)</li> <li>● Bridges, Partial Dentures, and Full Dentures</li> <li>● Implants once every 60 months per tooth</li> </ul>	Covered 50% after deductible	Covered 50%
<p><b>CLASS IV</b>—Orthodontic Services (services, treatment, and procedures to correct malposed teeth, including braces)</p>	Covered 50% up to the \$1500 maximum for dependents under age 26	Covered 50% up to the \$3000 maximum for all covered members