

Plan Year 7/1/2018 – 6/30/2019

MAXIMUM BENEFIT - Plan Year Orthodontic Lifetime – Employee, Spouse and Children to 27. Any lifetime benefit paid under the previous options will be applied to the new lifetime maximum.				\$2,500 per person - Combination of in and out-of-network \$4,000 per person - Combination of in and out-of-network	
PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services				Per Person Deductible: \$25 PPO Dentist; \$75 Premier & Non-Par Dentists (Combination of in and out-of-network) There is No Family Deductible Limit – Deductible will not be taken on services for children to age 13	
PPO*	Premier **	Non Par ***	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)	
PREVENTIVE AND DIAGNOSTIC SERVICES – Preventive and Diagnostic services do not apply to Plan year Maximum					
Member Cost			Oral Evaluation	Limited to 2 evaluations in a plan year.	
0%	0%	0%	Bitewing X-rays	Limited to 2 sets in a plan year.	
			Full Mouth X-rays or Panoramic	Limited to 1 in a 36 month period.	
			Routine Cleaning	Limited to 4 cleanings in a plan year.	
			Fluoride Treatments	Limited to 2 treatments in a plan year under age 17.	
			Space Maintainers	For premature loss of baby teeth only under age 16.	
			Sealants	1 per tooth in 36 months under age 17 on unrestored permanent molars.	
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions)					
20%	40%	40%	Amalgam, Resin & Composite Fillings	Benefit on the same surface limited to 1 in 12 months.	
25%	50%	50%	Oral Surgery (Extractions)		
			General Anesthesia	Benefit with covered oral surgery only.	
			Surgical Periodontal (gums)	Benefit once every 36 months.	
			Root Canal Therapy		
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures, Implants)					
25%	60%	60%	Crowns	Benefit 1 in 60 months on same tooth. Not a benefit under age 12.	
			Dentures, Partials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16.	
			Bridge/Denture Repair		
			Denture Rebase/Reline	Benefit 6 months after initial insertion then benefit 1 in 36 months.	
			Implants	Benefit 1 in 60 months on same tooth.	
ORTHODONTICS (Braces) For Employee, Spouse and Children to age 27					
40%	60%	60%	Complete Orthodontic Evaluation		
			Active Orthodontic Treatment.		

*The PPO percentage of benefits is based on the PPO Schedule of Allowances.

**The Premier percentage of benefits is limited to the Premier Maximum Plan Allowance.

***The non-participating percentage of benefits is limited to the non-participating Maximum Plan Allowance. You will be responsible for the difference between the non-participating Maximum Plan Allowance and the full fee charged by the dentist.

Children to age 13: services are paid at 100% up to the plan year maximum. This does not apply to orthodontia.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Summary Plan Description provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Summary Plan Description, the Summary Plan Description will govern.