

Plan Year 7/1/2018 – 6/30-2019

<b>PLAN-YEAR MAXIMUM BENEFIT</b>		\$2,000 per person – Services must be received by a PPO dentist.
<b>ORTHODONTIC LIFETIME MAXIMUM</b> Children to age 19*		\$2,000 per person – Treatment must be received by a PPO dentist. Orthodontia benefits already paid under either option will be applied under this plan's lifetime maximum.
<b>PLAN-YEAR DEDUCTIBLE</b> Applies to Basic and Major Services		<b>Per Person Deductible: \$25</b> There is no family deductible limit. The deductible does not apply to children under 13 on the Right Start 4 Kids benefit.*
<b>PPO</b> Services are not covered outside the PPO network.	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION</b> (Subject to Delta Dental guidelines)
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES – Preventive &amp; Diagnostic services will not count against the plan-year maximum.</b>		
<b>Member Cost</b>	Oral evaluation	Limited to 2 evaluations in a plan year.
0%	Bitewing X-rays	Limited to 1 sets in a plan year.
	Full-mouth or Panoramic X-rays	Limited to 1 in a 60-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 14.
	Sealants	1 per tooth in 36 months under age 15 on unrestored permanent molars.
<b>BASIC SERVICES (fillings, endodontics (root canal), periodontics, (gum disease), and oral surgery (extractions))</b>		
30%	Amalgam, resin & composite fillings	Benefit on the same surface limited to 1 in 12 months on posterior teeth.
	Oral surgery (extractions)	
	General anesthesia	Benefit with covered oral surgery only.
	Surgical periodontal (gums)	Benefit once every 36 months.
	Root canal therapy	
<b>MAJOR SERVICES (crowns, bridges, partials, dentures, and implants)</b>		
50%	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 the same tooth.
<b>ORTHODONTICS (Braces) For children to age 19 only</b>		
50%	Complete orthodontic evaluation	
	Active orthodontic treatment	

**Members can switch between plans at open enrollment.**
**\*Children to age 13: Services are paid at 100% up to the plan year maximum (subject to frequencies and limitations). 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 that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.