

**DENTAL – EMPLOYER SPONSORED OR VOLUNTARY**

Carrier	Delta Dental®					
Plan Type	PPO					
Plan Name	Silver		Gold - ER Sponsored Only		Platinum - ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network <sup>2</sup>
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Annual Deductible	\$50	\$50	\$50	\$50	\$50	\$50
Diagnostic & Preventive Care Preventive	Ded. Waived 100%	Ded. Waived <u>ER SPON:</u> 80% <u>VOLUN:</u> 100%	Ded. Waived 100%	Ded. Waived 100%	Ded. Waived 100%	Ded. Waived 100%
Basic Services	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%
Endodontics & Periodontics	50%	50%	80%	80%	80%	80%
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
Orthodontic Care <sup>1</sup> (optional)	50%	50%	50%	50%	50%	50%
Coinurance	None	None	None	None	None	None
Annual Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Maximum						
Waiting Periods						
Basic	None	None	None	None	None	None
Major	None	None	None	None	None	None
Ortho	None	None	None	None	None	None
Orthodontic Takeover Credit	Does Not Apply					
UCR		Maximum Allowable Charge		Maximum Allowable Charge		See Footnote <sup>2</sup>

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

1. Child only.

2. Premier dentists agree to accept their Premier Contracted Fee as payment in full. Non-contracted dentists are reimbursed according to the program allowance, which is the amount determined by a set percentile level of all charges for such services by providers with similar professional standing in the same geographical area.