



**Delta Dental PPO<sup>SM</sup> Plus Premier  
Voluntary Network Program – Dental Flex**

**Summary of Dental**

Rates per pay period	
Employee Only	\$9.64
Employee + One	\$19.55
Family	\$31.29

	Benefit	In-Network	In-Network	Out-of-Network
		Delta Dental PPO <sup>SM</sup>	Delta Dental Premier® Network	Non-Dental Dentist
No Waiting Period	Diagnostic & Preventive Services	100%	80%	80%
	Basic Restorative Care & Services	80%	50%	50%
6 Month Waiting Period	Basic Oral Surgery Services	50%	50%	50%
	Complex Surgical Extractions	50%	50%	50%
	Basic Endodontic Therapy	50%	50%	50%
	Basic Periodontal Services	50%	50%	50%
	Complex Surgical Periodontal Care	50%	50%	50%
12 Month Waiting Period	Major Restorative Services	50%	50%	50%
	Prosthetic Services	50%	50%	50%
	Prosthetic Repairs & Adjustments	50%	50%	50%

<b>Deductible:</b>	Per person/per family per coverage year <b>(Not applicable to Diagnostic &amp; Preventive Services)</b>	\$50/\$150	\$50/\$150	\$50/\$150
<b>Annual Maximum:</b>	Per covered person per coverage year	\$1,000	\$1,000	\$1,000
<b>Eligible Dependents:</b>	Spouse and dependent children up to the age of 26			
<b>Waiting Periods:</b> <b>New Group to Delta Dental With Prior Dental Coverage</b> - Employees, who enroll at the time the group converts to Delta Dental, receive credit toward waiting periods based on the length of time the group had prior comparable coverage. All employees receive the same waiting period credit, whether or not they were enrolled in the prior comparable coverage. Comparable coverage does not include voluntary plans. <b>New Employee</b> - The employee does not receive credit toward waiting periods for prior dental coverage from a former employer. Employees and covered dependents will need to complete all required waiting periods.				

**Diagnostic & Preventive Services**

- Examinations and cleanings -1 time per 6-month period
- Full mouth x-rays -1 time per 60-month period
- Bitewing x-rays -1 series per 12-month period for covered persons through age 17, and 1 series per 24-month period for covered persons age 18 and over
- Fluoride treatment – 1 time per 12-month period for dependent children through age 18

**Basic Restorative Care & Services**

- Emergency treatment for relief of pain
- Amalgam restorations (silver fillings)
- Anterior (front) resin restorations (white fillings)
- Sealants for eligible dependents through age 15, limited to once per lifetime for permanent molars
- Space maintainers are covered once per lifetime for eligible dependent children through the age of 16 for missing primary posterior (back) teeth

**Basic Endodontic Therapy**

- Pulpotomies on primary teeth for dependent children
- Root canal therapy

**Basic/Complex Periodontal Services**

- Non-surgical periodontics – 1 time per 36 months
- Surgical periodontics – 1 time per 36 months

**Basic/Complex Oral Surgery Services**

- Surgical/Non-surgical extractions

**Major Restorative Services**

- Crowns – 1 time per 10 year period per tooth

**Prosthetic Services**

*(Missing tooth exclusion applies for 24 months)*

- Dentures (full and partial) – 1 time per 10 year period
- Bridges – 1 time per 10 year period

**Prosthetic Repairs & Adjustments**

- Denture adjustments and repairs
- Re-cement bridge
- Bridge repair
- Implant supported fixed and removable prosthetic

**Claim payments are subject to review. We strongly recommend a pre-estimate for implants and all major services.**

*Complete details, limitations and exclusions will be provided in the contract upon enrollment.*

*In the event of a conflict between this benefit summary and the contract, the contract will apply.*