

Delta Dental PPO - <i>DentaFlex</i>		Delta Dental PPO SM	Delta Dental Premier [®]	Out-of-Network Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1,500	\$1,500	\$1,500
Preventive Services	<ul style="list-style-type: none"> Bitewing x-rays, one set per benefit period Emergency palliative treatment Full-mouth x-rays (pano), once in any 36 month period Oral examinations, twice in any benefit period Periapical x-rays, as required Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Prophylaxis (cleanings), twice in any benefit period Sealants for dependent children under age 16, once in 5 years Space Maintainers for dependent children under age 16, once in 5 years Topical fluoride treatments for dependent children under age 16, once in any benefit period 	100%	100%	80%
Basic Services	<ul style="list-style-type: none"> Composite fillings Endodontics Fillings Non-Surgical Periodontics Oral Surgery (excluding extractions) Simple Extractions Surgical Extractions Surgical Periodontics 	90%	90%	60%
Major Services	<ul style="list-style-type: none"> Bridges, once in 7 years Crowns, Inlays, Onlays, once in 7 years Dentures, once in 7 years General Anesthesia 	60%	60%	40%
Orthodontia	<ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A
MAXAdvantage	Charges for preventive exams, cleanings, and x-rays will not be applied to the annual benefit maximum.			

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

Coverage Tier

Employee	\$24.88
Employee & Spouse	\$50.89
Employee & Child(ren)	\$50.50
Family	\$81.14