

# DENTAL PLAN BENEFITS - Coral & Turquoise Plans

Coverage Options	Coral Plan			Turquoise Plan		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Plan Type	Delta Dental PPO™			Delta Dental PPO™ Point of Service		
Deductible (per person/per family per benefit year)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual maximum (per person/per benefit year)	\$1,000	\$1,250	\$1,500	\$1,500	\$1,750	\$2,000
Delta Dental networks	Delta Dental PPO™/Delta Dental Premier®/Non-Participating Providers			Delta Dental PPO™/Delta Dental Premier®/Non-Participating Providers		
Covered Dental Services¹	You Pay			You Pay		
<b>Diagnostic &amp; preventive services</b> (no deductible)						
<ul style="list-style-type: none"> <li>Exams - 2 per benefit year</li> <li>Cleanings - 2 per benefit year</li> <li>Bitewing X-rays - 1 per benefit year</li> <li>Full-mouth/panoramic X-rays - 1 per 60 months</li> <li>Fluoride treatment</li> <li>Space maintainers</li> <li>Sealants</li> </ul>	20%	10%	0%	0%	0%	0%
<b>Basic services</b> (deductible applies)						
<ul style="list-style-type: none"> <li>Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning</li> <li>Simple extractions</li> <li>Fillings</li> </ul>	70%	60%	50%	60%	40%	20%
<b>Major services</b> (deductible applies)						
<ul style="list-style-type: none"> <li>Gum disease treatment</li> <li>Root canals</li> <li>Surgical extractions</li> <li>General anesthesia</li> <li>Denture relines, rebases and adjustments</li> <li>Repairs to crowns, dentures and bridges</li> <li>Implants</li> <li>Crowns - 1 per 60 months</li> <li>Complete and partial dentures</li> <li>Bridges</li> </ul>	70%	60%	50%	70%	60%	50%
<b>NO WAITING PERIODS</b>						