

DENTAL PLAN BENEFITS - Core & Enhanced Plans

Coverage Options	Core Plan	Enhanced Plan		Waiting Periods
Plan type	Delta Dental PPO™	Delta Dental PPO™ Point of Service		Waiting periods apply to both Core & Enhanced plans
Deductible (per person/per family per benefit year)	\$50/\$150	\$50/\$150		
Annual maximum (per person/per benefit year)	\$1,000	\$1,000		
Delta Dental networks	Delta Dental PPO™/ Delta Dental Premier®/ Non-Participating Providers	Delta Dental PPO™	Delta Dental Premier® /Non-Participating Providers	
Covered Dental Services ¹	You Pay	You Pay	You Pay	You Wait
Diagnostic & preventive services (no deductible)				
<ul style="list-style-type: none"> Exams - 2 per benefit year Cleanings - 2 per benefit year Bitewing X-rays - 1 per benefit year Full-mouth/panoramic X-rays - 1 per 60 months Fluoride treatment Space maintainers Sealants 	50%	No charge	20%	None
Basic services (deductible applies)				
<ul style="list-style-type: none"> Fillings Crown repairs Relines and repairs - to bridges and dentures 	50%	20%	40%	6 months
<ul style="list-style-type: none"> Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning 	50%	50%	50%	6 months
Major services (deductible applies)				
<ul style="list-style-type: none"> Gum disease treatment Root canals Surgical extractions General anesthesia Crowns - 1 per 60 months Complete and partial dentures Bridges 	50%	50%	50%	12 months
NO WAITING PERIODS ON DIAGNOSTIC & PREVENTIVE SERVICES				