

Individual & Family Dental Plan Benefits

Coverage Options		Delta Family Flex	
Deductible (Per Person/Per Family Per Benefit Year)	\$150		
Annual Maximum (Per Person/Per Benefit Year)	\$3,000 (shared)		
Evidence Based Dentistry (EBD)	Included in Plan		
Delta Dental Network	In-Network	Out-of-Network	
Covered Dental Services		You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)			
Exams - 2 Per Benefit Year	0%	50%	
Cleanings - 2 Per Benefit Year	0%	50%	
Bitewing X-Rays - 1 Per Benefit Year	0%	50%	
Full-Mouth/Panoramic X-Rays - 1 Per 60 Months	0%	50%	
Fluoride Treatment	0%	50%	
Sealants	0%	50%	
Basic Services (Deductible Applies - No Waiting Period)			
Space Maintainers	20%	50%	
Periodontal Maintenance - 2 Per Benefit Year; Interchangeable With Routine Cleaning	20%	50%	
Simple Extractions	20%	50%	
Fillings	20%	50%	
Major Services (Deductible Applies - 9 Month Waiting Period)			
Gum Disease Treatment	50%	75%	
Root Canals	50%	75%	
Surgical Extractions	50%	75%	
General Anesthesia	50%	75%	
Denture Relines, Rebases and Adjustments	50%	75%	
Repairs to Crowns, Dentures and Bridges	50%	75%	
Implants	50%	75%	
Crowns - 1 Per 60 Months	50%	75%	
Complete and Partial Dentures	50%	75%	
Bridges	50%	75%	
Orthodontic Services (Not Subject to Deductible - 12 Month Waiting Period)			
Braces	50%	100%	
Child Only or Child/Adult	50%	100%	
Lifetime Maximum	\$2,000		
Benefit Waiting Period	12 Months	12 Months	