

# Individual & Family Dental Plan Benefits

Coverage Options	Delta Preventive		Delta Classic	
Deductible (Per Person/Per Family Per Benefit Year)	\$50/\$150		\$50/\$150	
Annual Maximum (Per Person/Per Benefit Year)	\$1,000		\$1,500	
Evidence Based Dentistry (EBD)	Included in Plan		Included in Plan	
Delta Dental Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Dental Services	You Pay		You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)				
Exams - 2 Per Benefit Year	0%	50%	0%	50%
Cleanings - 2 Per Benefit Year	0%	50%	0%	50%
Bitewing X-Rays - 1 Per Benefit Year	0%	50%	0%	50%
Full-Mouth/Panoramic X-Rays - 1 Per 60 Months	0%	50%	0%	50%
Fluoride Treatment	0%	50%	0%	50%
Sealants	0%	50%	0%	50%
Basic Services (Deductible Applies - No Waiting Period)				
Space Maintainers	50%	75%	50%	75%
Periodontal Maintenance - 2 Per Benefit Year; Interchangeable With Routine Cleaning	50%	75%	50%	75%
Simple Extractions	50%	75%	50%	75%
Fillings	50%	75%	50%	75%
Major Services (Deductible Applies - 9 Month Waiting Period)				
Gum Disease Treatment	100%	100%	75%	75%
Root Canals	100%	100%	75%	75%
Surgical Extractions	100%	100%	75%	75%
General Anesthesia	100%	100%	75%	75%
Denture Relines, Rebases and Adjustments	100%	100%	75%	75%
Repairs to Crowns, Dentures and Bridges	100%	100%	75%	75%
Implants	100%	100%	75%	75%
Crowns - 1 Per 60 Months	100%	100%	75%	75%
Complete and Partial Dentures	100%	100%	75%	75%
Bridges	100%	100%	75%	75%
Orthodontic Services (Not Subject to Deductible - 12 Month Waiting Period)				
Braces	100%	100%	50%	100%
Child Only or Child/Adult	100%	100%	50%	100%
Lifetime Maximum	N/A	N/A	\$2,000	
Benefit Waiting Period	None	None	12 Months	12 Months