

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 Services ¹	You Pay			You Pay		
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 	20%	10%	0%	0%	0%	0%
Basic services (deductible applies)						
<ul style="list-style-type: none"> Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning Simple extractions Fillings 	70%	60%	50%	60%	40%	20%
Major services (deductible applies)						
<ul style="list-style-type: none"> Gum disease treatment Root canals Surgical extractions General anesthesia Denture relines, rebases and adjustments Repairs to crowns, dentures and bridges Implants Crowns - 1 per 60 months Complete and partial dentures Bridges 	70%	60%	50%	70%	60%	50%
NO WAITING PERIODS						