

% Paid by
Delta Dental

- 100% Diagnostic & Preventive** *These services do not apply to the Annual Maximum Benefit.*
- Routine exams and cleanings - two per coverage year.
 - Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
 - Full mouth/panoramic x-rays - once every five years.
 - Fluoride applications - two per coverage year up to age 19.
 - Space maintainers on primary back teeth up to age 14.
 - Dental sealants for unrestored 1st and 2nd permanent molars up to age 16.
- 60% Routine Restorations**
- Silver and tooth-colored fillings. If a tooth-colored filling is used to restore back teeth, benefits are limited to the amount paid for a silver filling.
- 40%* Endodontics, Periodontics, Major Services and Extractions**
- Pre-formed or stainless-steel restorations.
 - Emergency treatment for relief of pain.
 - Root canals.
 - Treatment of diseases of the tissues supporting the teeth.
 - Periodontal maintenance cleanings. *These cleanings do not apply to the Annual Maximum Benefit.*
 - Crowns, bridges, dentures and implants.
 - Extractions and other oral surgery. Removal of wisdom teeth is medically necessary only.**
- 40% Orthodontics (up to age 19 and medically necessary only**)**
- Treatment for the proper alignment of teeth.

Deductible: There is no deductible under this plan.

Annual Maximum Benefit (age 19 and over): \$1,500 per person per coverage year. All services (except Diagnostic and Preventive) are subject to the annual maximum benefit and will not be paid if your annual maximum benefit has been reached.

Annual Out of Pocket Cost (under age 19): Your total out-of-pocket cost for benefits from Delta Dental providers will not exceed \$350 per child per coverage year or \$700 per two or more children per coverage year. Coinsurance counts toward the out-of-pocket cost, but optional procedures and non-covered services do not.

Coverage Year: January - December

Dependent children are covered to age 26.

* One year wait for coverage age 19 and over.

** Medically necessary is an extremely rare circumstance as determined by a third-party dental consultant and requires a preauthorization.

Monthly rates:

Age 0-20	\$39.96
Age 21-34	\$30.28
Age 35-49	\$38.24
Age 50-63	\$42.84
Age 64+	\$44.56

Plan requirements

This plan requires a minimum of two employees. The employer does not have to pay any portion of the cost.

Health *through* Oral Wellness®

Members can qualify for additional benefits for the coverage year if they are determined to be at risk for cavities, periodontal disease, or oral cancer. If your dentist participates in this program, they will perform a risk assessment which may qualify you (and enrolled family members) for additional benefits.

If the assessment determines you are at risk for cavities, your additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If you are at risk for periodontal (gum) disease or have had periodontal surgery, you will be eligible for two additional cleanings* and four fluoride treatments.

If you have any of the following health conditions, you are eligible for additional cleanings*.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings*)
- Suppressed immune system (2 additional cleanings*)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

* Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are covered under the “Endodontics and Periodontics” category, not the “Diagnostic and Preventive Services” category.