



Delta Dental Premier[®] Plan B Prime - C (with orthodontia) Small Group Employer Choice

	Delta Dental Premier [®] Dentist	Out-of-Network Dentist
Deductible (per person per calendar year)	\$25*	\$50
Annual Benefit Maximum with To GoSM**	\$2,000	
Benefit Categories	Coinsurance paid by member	
Diagnostic & Preventive Services check-ups, teeth cleaning, x-rays, maintenance therapy	0%	20%
Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery	20%	40%
Posterior Composites tooth-colored filling on back teeth	50%	60%
Endodontic Services root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings	50%	60%
Periodontal Services gum and bone diseases, complex procedures	50%	60%
High Cost Restorations cast restorations - crowns, inlays, onlays, posts, cores	50%	60%
Prosthetics bridges, dentures	50%	60%
Implants	60%	70%
Corrective Orthodontia Benefit & Lifetime Maximum (up to age 19)	50% copay and \$1,500 lifetime maximum	
Enhanced Benefits Program extra dental benefits based on medical conditions	Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis	

C = Corrective Orthodontia

* Deductible is waived for all diagnostic and preventive care.

** To GoSM annual maximum carryover - see Benefits Certificate for details.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.