DELTA DENTAL®

# PRESTIGE PLAN WITH ORTHO

| SUMMARY OF COVERAGE | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
|---|---|---|---|
| **Individual/Family Deductible** per calendar year | $50* / $150* | $50* / $150* | $50* / $150* |
| **Annual Benefit Maximum** per person per calendar year | Unlimited | $1,500 | $1,000 |
| **BENEFIT CATEGORIES** | Coinsurance paid by member | | |
| **Diagnostic & Preventive Services** (check-ups, teeth cleaning, x-rays, maintenance therapy) | 0% | 0% | 10% |
| **Routine & Restorative Services** (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery) | 10% | 20% | 30% |
| **Posterior Composites** (tooth-colored filling on back teeth) | 10% | 20% | 30% |
| **Endodontic Services** (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings) | 10% | 20% | 30% |
| **Periodontal Services** (gum and bone diseases, complex procedures) | 10% | 20% | 30% |
| **High Cost Restorations** (cast restorations – crowns, inlays, onlays, posts, cores) | 40% | 50% | 50% |
| **Prosthetics** (bridges, dentures) | 40% | 50% | 50% |
| **Implants** | 40% | 50% | 50% |
| **Corrective Orthodontia Benefit & Lifetime Maximum** Adults and children up to age 26 | 40% coinsurance and $4,000 lifetime maximum | 50% coinsurance and $1,500 lifetime maximum | 50% coinsurance and $1,000 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 | | |
| **CheckUp Plus℠** | Diagnostic and preventive dental service costs are waived from a Covered Person's Benefits Period Maximum | | |

* Deductible is waived for all diagnostic and preventive care.

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.