

# Big benefits. Bright smiles.

Designed for employers with 2 to 199 employees, the **new Prestige Dental Plan** offers the **richest benefits when members see a provider in the Delta Dental PPO™ network**, including:

- **Unlimited annual benefit maximum**
- **Exams and cleanings are covered at 100%**, and basic restorative, endodontic and periodontal services are covered at 90%
- **Orthodontia lifetime maximum of \$4,000 — also available for adults (no age limit)**
- **CheckUp Plus<sup>SM</sup>** — allows each enrollee to receive their diagnostic and preventive dental services without applying those costs to the annual benefit maximum
- **No waiting periods**
- **And more!**

## Summary of coverage

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
<b>Annual Benefit Maximum</b> Per Person Per Calendar Year	<b>Unlimited</b>	\$1,500	\$1,000
<b>Individual/Family Deductible</b>	<b>\$50 / \$150</b>	\$50 / \$150	\$50 / \$150
<b>Diagnostic and Preventive Services</b> (exams, teeth cleaning, x-rays)	<b>100%*</b>	100%*	90%*
<b>Routine and Restorative Services</b> (cavity repair, tooth extractions, general anesthesia/sedation, etc.)	<b>90%</b>	80%	70%
<b>Endodontic Services</b> (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings, etc.)	<b>90%</b>	80%	70%
<b>Periodontal Services</b> (gum and bone diseases, complex procedures)	<b>90%</b>	80%	70%
<b>High-Cost Restorations</b> (cast restorations — crowns, inlays, onlays, posts, cores)	<b>60%</b>	50%	50%
<b>Corrective Orthodontia Benefit &amp; Lifetime Maximum**</b> (adults & children up to age 26)	<b>60% coinsurance and \$4,000 lifetime maximum</b>	50% coinsurance and \$1,500 lifetime maximum	50% coinsurance and \$1,000 lifetime maximum
<b>CheckUp Plus<sup>SM</sup></b>	<b>Included</b>	Included	Included
<b>Enhanced Benefits Program</b> (extra dental benefits based on medical conditions)	<b>Included</b>	Included	Included

## Rates

Rate Tier	Voluntary no Ortho	Voluntary with Ortho	Contributory no Ortho***	Contributory with Ortho***
Employee Only	\$49.02	\$51.02	\$47.02	\$49.02
Employee + Spouse	\$99.98	\$109.08	\$94.98	\$99.98
Employee + Child(ren)	\$94.98	\$134.02	\$90.02	\$129.02
Family	\$149.98	\$199.98	\$144.98	\$189.98

Rates are effective through December 31, 2026. Dependent age limit is up to age 26.

\*Deductible does not apply.

\*\*Applies if orthodontic coverage is selected. Ortho coverage is only available to groups with 5 enrolled employees.

\*\*\*For employers to qualify for contributory rates they must contribute over 50% of premium.