



Service Type	Enhanced Plan			Basic Plan
	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network	PPO, Premier or Out-of-Network
Diagnostic & Preventive Care (Routine exams, cleanings, x-rays, sealants and fluoride treatments, etc.)	100% of allowable charges, 2 visits per year (no deductible)	100% of allowable charges, 2 visits per year (no deductible)	100% of allowable charges, 2 visits per year (no deductible)	100% of allowable charges, 2 visits per year (no deductible)
Oral Surgery Does not apply towards annual maximum. (Surgical extractions, wisdom teeth removal and anesthesia).	80% of allowable charges (no deductible)	80% of allowable charges (no deductible)	80% of allowable charges (no deductible)	80% of allowable charges (no deductible)
Deductible	\$50 per person			\$25 per person
General Dental Care (Fillings, simple extractions, root canals, periodontal services and other basic dental procedures)	80% of allowable charges after deductible	60% of allowable charges after deductible	60% of allowable charges after deductible	50% of allowable charges after deductible
Major & Restorative Care (Crowns, bridges, dentures, limited dental implants, etc.) <i>*See Claims Comparison example for a Crown below</i>	50% of allowable charges after deductible			50% of allowable charges after deductible
Annual Individual Benefit Maximum	\$2,000 (does not include oral surgery or orthodontia)			\$1,000 (does not include oral surgery)
Orthodontia (Braces, limited TMJ coverage)	50% of allowable charges after \$50 lifetime orthodontia deductible (separate from annual deductible)			Not covered
Orthodontia Lifetime Benefit Maximum	\$1,500 (separate from non-orthodontia maximum)			N/A

If you use a dentist participating in the Delta Dental PPO or Premier network, you will not be billed for the remaining balance over the maximum allowable amount, whether you select the Basic or Enhanced Plan. However, if you choose to use a dentist not participating in the Delta Dental networks, you must file your claims. Any reimbursement for those out of network claims will be paid directly to you. You will be responsible for paying the dentist. Under the Enhanced Plan, reimbursements may be increased in zip code areas that do not have a minimum of two Delta Dental PPO dentists within a 20 mile radius.

***Comparison of Network Options for a Crown Payment** (For illustrative purposes only. Actual charges and allowances may vary)

	PPO Dentist	Premier Dentist	Out-of-Network Dentist
Dentist Charge	\$725.00	\$725.00	\$725.00
Delta Dental's Maximum Allowance	\$616.00	\$700.00	\$525.00
Plan Pays 50%	\$308.00	\$350.00	\$262.50
Patient Pays 50%	\$308.00	\$350.00	\$462.50
You Save	\$109.00	\$25.00	\$0.00

NOTE: This represents a summary of coverage. Details in the Summary Plan Description govern in all cases.