

## Description of Covered Services

See following page for program descriptions

Delta Dental Premier/Advantage Program/  
Delta Dental PPO<sup>SM</sup>

### **Preventive & Diagnostic Services (No Deductible)**

100%

- Exams, Cleanings, (each twice per calendar year per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (twice per calendar year)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (twice per calendar year, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (once per space for missing posterior primary teeth, for children under age 14)
- Consultations are counted as exams for purposes of frequency limitations

### **Remaining Basic & Crowns (No Deductible)**

90%

- Fillings - composite and amalgam (composite fillings on back teeth are given the alternate benefit of an amalgam filling, payable once per year for decay or fracture only)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth and root surgery each once per 24 months)
- Periodontics (have specific frequency limitations, pre-treatment estimate is strongly recommended - e.g. surgery once per 36 months)
- Sealants (1<sup>st</sup> and 2<sup>nd</sup> permanent, decay-free molars, once in a lifetime per tooth, for children to age 16)
- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older)
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)

### **Prosthodontics (No Deductible)**

60%

- Bridgework (once every five years, for ages 16 and older) (bridges with four or more missing teeth in that arch may be given an alternate benefit of a partial denture)
- Full & Partial Dentures (either one, once every five years, partial dentures for ages 16 and older) (fixed bridges and removable partial dentures are not benefits in the same arch; benefits will be provided for the removable partial denture only)
- Repair of Dentures (Repair of existing prosthetic appliances)

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**Calendar Year Maximum (per person)**

\$1,000.00

**Calendar Year Deductible**

- Individual
- Family (family deductible is accumulated by individual deductibles)

N/A

N/A

**Orthodontia (Employees and Dependents)**

50%

Orthodontic treatment is a benefit limited to once in a lifetime.

- Maximum (Lifetime)
- Deductible (Lifetime)

\$1,000.00

N/A

**Description of Programs**

**Delta Dental Premier/Advantage Program** - See explanation under "Product Descriptions" section at back of booklet.

**Delta Dental PPO<sup>SM</sup>** - See explanation under "Product Descriptions" section at back of booklet.

Under all programs, non-participating dentists may balance bill above the maximum allowable charge.