Description of Covered Services

See following page for program descriptions	If you are in Delta Dental Premier® **Employee Plan**	If you are in Delta Dental Premier® **Dependent Plan**
Preventive & Diagnostic Services (No Deductible) ▪ 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 (once 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 the purposes of frequency limitations	100%	60%
Remaining Basics (No Deductible) ▪ 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 tooth per 24 months) ▪ Periodontics (have specific frequency limitations, pre-treatment estimate is strongly recommended - e.g. surgery once per 36 months) ▪ Sealants (1st and 2nd permanent, decay-free molars, once in a lifetime per tooth, for children to age 16)	75%	50%
Prosthodontics & Crowns (No Deductible) ▪ Crowns and crown-related procedures (post and core, core buildup, etc., once per tooth 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) ▪ Bridge Work (once every 5 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) ▪ Repair of Dentures (Repair of existing prosthetic appliances) ▪ Full and Partial Dentures (either one, once every 5 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)	50%	50%

	If you are in Delta Dental Premier® **Employee Plan**	If you are in Delta Dental Premier® **Dependent Plan**
Calendar Year Maximum (per person)	$1,000.00	$1,000.00
Calendar Year Deductible		
▪ Individual	N/A	N/A
▪ Family (family deductible is accumulated by individual deductibles)	N/A	N/A
Orthodontia (Dependent Children Only)	N/A	50%
Orthodontic treatment is a benefit limited to once in a lifetime.		
▪ Maximum (Lifetime)	N/A	$1,000.00
▪ Deductible (Lifetime)	N/A	N/A

Description of Programs

Delta Dental Premier® - See explanation under "Product Descriptions" section at back of booklet.

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