

2009-2010 Delta Dental Benefits Summary

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from the Delta Premier® indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta dentist. Please refer to enrollment materials for more information.

GENERAL PLAN INFORMATION	In Network	Out of Network
Annual Deductible/Single (Plan Year)	\$25	\$25
Annual Deductible/Family (Plan Year)	\$75	\$75
Waived for Preventive	Yes	Yes
Annual Plan Maximum (Plan Year)	\$1,500	\$1,500
Lifetime Orthodontia Plan Maximum	\$1,200	\$1,200
Reimbursement	Negotiated Fee	Negotiated Fee
DIAGNOSTIC & PREVENTIVE SERVICES		
Oral Exams	100%	100%*
X-Rays Diagnostic	100%	100%*
Lab & Other Diagnostic Tests	100%	100%*
Prophylaxis Treatments	100%	100%*
Fluoride Treatments	100%	100%*
Space Maintainers	100%	100%*
Sealants	100%	100%*
BASIC SERVICES		
Filling, Repairs	80%	80%*
Oral Surgery: Extractions/Other Surgical	80%	80%*
Pulp Capping/pulpal therapy	80%	80%*
Endodontics/Root Canal	80%	80%*
Periodontics Treatment	80%	80%*
Relinings & Rebasings of Existing Removable Dentures	80%	80%*
Simple Extractions	80%	80%*
MAJOR SERVICES		
Stainless Steel & Resin Crowns	50%	50%*
Inlays/Onlays	50%	50%*
All other Crowns/Bridges	50%	50%*
Dentures	50%	50%*
ORTHODONTIC SERVICES		
Benefits for orthodontic services may be available for covered members under age 19 who meet treatment criteria. Covered services are limited to 36 consecutive months of covered services.	50%	50%*

*Allowed Benefit/Reasonable and Customary Charge

This schedule is for summary purposes and is not a guarantee of payment nor does it supersede contract provisions. Please refer to your Delta Dental Plan guide for detailed benefits.