

**Dental Insurance by Delta Dental** (find dental providers at [www.deltadentalin.com](http://www.deltadentalin.com))

Features	Delta Dental PPO and Premier Dentist	Non-Participating Dentist (subject to balance billing)*
Per-Pay Premium Deduction from Paycheck Employee Only		\$4.98
Employee + Spouse**		\$11.20
Employee + Children**		\$13.37
Family**		\$27.40
Deductible		
<input type="checkbox"/> Employee Only	\$150	\$150
<input type="checkbox"/> Employee + Family	\$450	\$450
Annual Benefit Max. - Classes I, II & III	\$1,000	\$1,000
Orthodontic Lifetime Max. - Class IV	\$1,000	\$1,000
Class I Benefits - Preventative (2 cleanings per year)		
<input type="checkbox"/> Diagnostic & Preventive Services	Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived
<input type="checkbox"/> X-rays		
Class II Benefits - Basic		
<input type="checkbox"/> Oral Surgery	Deductible First then Plan Pays 80%	Deductible First then Plan Pays 80%
<input type="checkbox"/> Minor Restorative Services		
<input type="checkbox"/> Emergency Palliative Treatment		
<input type="checkbox"/> Periodontics & Endodontics		
Class III - Major		
<input type="checkbox"/> Prosthodontics	Deductible First then Plan Pays 50%	Deductible First then Plan Pays 50%
<input type="checkbox"/> Major Restorative Services		
Class IV - Ortho		
<input type="checkbox"/> Orthodontics - limited to dependent children under the age of 19	Plan pays 50% to \$1,000 Lifetime Max  Deductible Waived	Plan pays 50% to \$1,000 Lifetime Max  Deductible Waived

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves, and you are responsible for that difference.

\*\*See Definitions section for more information on Eligible Dependents