

**DENTAL – EMPLOYER SPONSORED or VOLUNTARY**

Carrier	Delta Dental®					
Plan Type	PPO					
Plan Name	Silver		Gold - ER Sponsored Only		Platinum - ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network <sup>2</sup>
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
<b>Annual Deductible</b>	\$50	\$50	\$50	\$50	\$50	\$50
Diagnostic & Preventive Care	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	<u>ER SPON:</u> 80% <u>VOLUN:</u> 100%	100%	100%	100%	100%
Basic Services	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%
Endodontics & Periodontics	50%	50%	80%	80%	80%	80%
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
<b>Orthodontic Care<sup>1</sup> (optional)</b>						
Coinurance	50%	50%	50%	50%	50%	50%
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
<b>Waiting Periods</b>						
Basic	None	None	None	None	None	None
Major	<u>ER SPON:</u> None <u>VOLUN:</u> 12 Months	<u>ER SPON:</u> None <u>VOLUN:</u> 12 Months	None	None	None	None
Ortho	<u>ER SPON:</u> None <u>VOLUN:</u> 12 Months	<u>ER SPON:</u> None <u>VOLUN:</u> 12 Months	None	None	None	None
<b>Orthodontic Takeover Credit</b>	Does Not Apply					
<b>UCR</b>		Maximum Allowable Charge		Maximum Allowable Charge		See Footnote <sup>2</sup>

<sup>1</sup> Child only.

<sup>2</sup> Premier dentists agree to accept their Premier Contracted Fee as payment in full. Non-contracted dentists are reimbursed according to the program allowance, which is the amount determined by a set percentile level of all charges for such services by providers with similar professional standing in the same geographical area.