

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 ²
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500	\$2,000	\$2,000
Annual Deductible	\$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
Orthodontic Care¹ (optional)						
Coinsurance	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
Waiting Periods						
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
Orthodontic Takeover Credit	Does Not Apply					
UCR		Maximum Allowable Charge		Maximum Allowable Charge		See Footnote ²

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

¹ Child only.

² 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.