



*Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR Dental Plan Description CAREFULLY!** Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for non-participating dentists.*

Office Visit Copayment: None		
Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)
No Deductible	Calendar Year Deductible per Person/Family: \$50/\$150	
<p>DIAGNOSTIC: Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations.</p> <p>X-rays (complete series or panoramic film) once in a 5-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>Brush biopsy once in a 12-month period</p> <p>PREVENTIVE: Two cleanings in a 12-month period</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19</p> <p>Note: Expenses incurred for covered Diagnostic and Preventive services also accrue to your annual maximum.</p>	<p>RESTORATIVE: Amalgam (silver) fillings; Resin restorations</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Periodontal maintenance (cleaning)</p> <p>Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</p> <p>Treatment of gum disease</p> <p>Clinical crown lengthening once per tooth per lifetime</p> <p>DENTURE REPAIR: Repair of a removable denture to its original condition</p> <p>EMERGENCY PALLIATIVE TREATMENT</p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p> <p>Implants</p>
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% No Waiting Period	Delta Dental Pays: 50% No Waiting Period
<p>Calendar Year Maximum: \$1500 up to \$3000 per Person with Double-Up Max Health through Oral Wellness® program included (please see reverse for details)</p>		

*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group's original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.
 OOC 010120