



<b>Dental Benefits - Delta Dental</b>									
	Premium PPO Plan			Comprehensive PPO Plan			Basic PPO Plan		
	<i>PPO</i>	<i>Premier</i>	<i>Out-of-</i>	<i>PPO</i>	<i>Premier</i>	<i>Out-of-</i>	<i>PPO</i>	<i>Premier</i>	<i>Out-of-</i>
<i>Annual Deductible</i>	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$50 per person / \$150 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$100 per person / \$300 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family	\$0 per person / \$0 per family
<i>Annual Benefit Maximum (Maximum cross applies across networks)</i>	\$3,000	\$2,500	\$2,000	\$2,500	\$2,000	\$1,500	\$2,000	\$1,500	\$1,000
<i>Diagnostic and Preventive Services (e.g., exams, cleanings, x-rays, sealants and space maintainers)</i>	You pay \$0 (not subject to annual deductible)			You pay \$0 (not subject to annual deductible)			You pay \$0 (not subject to annual deductible)		
<i>Basic Services (Includes fillings, simple extractions, root canals, oral surgery, and denture relines/repair/rebase)</i>	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance	You pay 20% coinsurance	You pay 20% coinsurance	You pay 30% coinsurance
<i>Major Services (Includes crowns, bridges, and dentures)</i>	You pay 15% coinsurance	You pay 15% coinsurance	You pay 25% coinsurance	You pay 50% coinsurance	You pay 50% coinsurance	You pay 60% coinsurance	You pay 60% coinsurance	You pay 60% coinsurance	You pay 99% coinsurance
<i>Orthodontic Services</i>	You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000	You pay 50% coinsurance up to individual lifetime benefit limit of \$2,000	You pay 60% coinsurance up to individual lifetime benefit limit of \$1,500 after \$50 lifetime deductible	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 50% coinsurance up to individual lifetime benefit limit of \$1,500	You pay 60% coinsurance up to individual lifetime benefit limit of \$1,000 after \$100 lifetime	Not covered. You pay 100%.	Not covered. You pay 100%.	Not covered. You pay 100%.

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