

% Paid by
Delta Dental

100% Check-Ups and Routine Teeth Cleaning (*Diagnostic and Preventive Services*)

- Routine examinations - two per coverage year.
- Routine dental prophylaxis (cleaning) - two per coverage year.
- Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
- Full mouth/panoramic x-rays - one in any five-year interval.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers, fixed (band type) on primary posterior teeth up to age 14.
- Dental sealants - once for unrestored 1st and 2nd permanent molars of children up to age 16.

80% Cavity Repair/Fillings and Tooth Extractions (*Routine and Restorative Services*)

- Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

50%* Root Canals (*Endodontics*) and Gum and Bone Diseases (*Periodontics*)

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.

50%* Crowns, Bridges, Dentures, and Dental Implants (*Major Services*)

- Crowns when teeth cannot be restored with another filling material.
- Prosthetics - bridges, partial dentures, complete dentures, and dental implants.

50%* Braces (*Orthodontics*)

- Treatment necessary for the proper alignment of teeth.

Lifetime Orthodontic Benefit: \$1,000 per person

Deductible: \$50 per person per coverage year not to exceed \$150 per family. The deductible does not apply to check-ups, teeth cleanings and braces.

Annual Maximum Benefit: \$1,000 per person per coverage year. All services (except Braces) are subject to the annual maximum benefit and will not be paid if your annual maximum benefit has been reached.

Coverage Year: January - December

New employees will be eligible on the first day of the month following employment.

Dependent children are covered to age 26. There is no age restriction for unmarried dependent children who are full-time students.

*One year wait for coverage. Waived for all enrolled on 1/1/15

See other side for information on our Smile Smart for Your Health program.

SMILE SMART FOR YOUR HEALTH

If you or someone on your dental policy has any of the following health conditions, you/they are eligible for additional benefits (per benefit year) through our **Smile Smart for Your Health** program.

- Gum (periodontal) disease
(4 cleanings*, 2 applications of fluoride varnish)
- Diabetes (4 cleanings)
- Pregnancy (1 additional cleaning during the time of pregnancy)
- High-risk cardiac conditions (4 cleanings)
- Kidney failure or undergoing dialysis (4 cleanings)
- Undergoing cancer-related chemotherapy and/or radiation
(4 cleanings, 2 applications of fluoride varnish)
- Suppressed immune systems
(4 cleanings, 2 applications of fluoride varnish)

Let your dentist know and he/she will note the condition on your claim form. If you have questions regarding this program call customer service at 1-877-841-1478.

** Periodontal maintenance cleanings are covered under the "Root Canals and Gum and Bone Diseases" category, not the "Check-Ups and Routine Teeth Cleaning" category. Your dentist may or may not charge for exams related to added periodontal maintenance or cleanings. The additional exams are not covered.*