



Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26		
Deductibles Deductibles waived for diagnostic & Preventive	Delta Dental Dentist \$50 per person/\$150 per family each calendar year Non Delta Dental Dentist \$75 per person/\$225 per family each calendar year		
Maximums	\$2,000 per person each Year	Waiting Periods	None

Benefits and Covered Services	Delta Dental PPO Dentist	Non Delta Dental PPO Dentist
Diagnostic and Preventive- exam, x-ray, sealants	100%	100%
Basic Services-Fillings, simple tooth extractions	90%	80%
Endodontics (root canals) Periodontics (gum treatment)	90%	80%
Oral Surgery	90%	90%
Major Services- crowns, inlays, onlays etc.	60%	50%
Prosthodontics- bridges, dentures and implants	60%	50%
Orthodontic Benefits \$1,500 lifetime	50%	50%