## Voluntary Dental Insurance Triple Option Plan

### Option 1
- **Delta Dental PPO**
- **Delta Premier**
- **Non-Network**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Annual Deductibles**

**Maximum Annual Benefit per Insured**

$2,000

<table>
<thead>
<tr>
<th>New Hire Waiting Period</th>
<th>Late Entrant Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Expenses</th>
</tr>
</thead>
</table>

- **Preventive Services**
  - *Deductible Waived*
  - Oral Exams (two per calendar year)
  - Cleanings (two per calendar year)
  - X-Rays
  - Space Maintainers to age 19
  - Fluoride Treatments to age 18
  - Sealants to age 15

- **Basic Services**
  - Fillings
  - Oral Surgery
  - Extractions
  - Endodontics (root canal)
  - Non-Surgical Periodontics (gum treatment)

- **Major Services**
  - Surgical Periodontics (gum treatment)
    - Inlays and Onlays
    - Crowns
    - Dentures
    - Bridges
    - Implants

- **Orthodontia** (Child Only to age 19)
  - 50%

**Maximum Lifetime Orthodontia Benefit per child**

$3,000

### Option 2
- **Delta Dental PPO**
- **Delta Premier**
- **Non-Network**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
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<tbody>
<tr>
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**Annual Deductibles**

**Maximum Annual Benefit per Insured**

$1,500

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  - Fillings
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- **Major Services**
  - Surgical Periodontics (gum treatment)
    - Inlays and Onlays
    - Crowns
    - Dentures
    - Bridges
    - Implants

- **Orthodontia** (Child Only to age 19)
  - 50%

**Maximum Lifetime Orthodontia Benefit per child**

$1,500

### Option 3
- **Delta Dental PPO**
- **Delta Premier**
- **Non-Network**

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**Annual Deductibles**

**Maximum Annual Benefit per Insured**

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- **Basic Services**
  - Fillings
  - Oral Surgery
  - Extractions
  - Endodontics (root canal)
  - Non-Surgical Periodontics (gum treatment)

- **Major Services**
  - Surgical Periodontics (gum treatment)
    - Inlays and Onlays
    - Crowns
    - Dentures
    - Bridges
    - Implants

- **Orthodontia** (Child Only to age 19)
  - 50%

**Maximum Lifetime Orthodontia Benefit per child**

$1,000

**Non-Network services are subject to U&C/R&C limitations. The Patient will be responsible for any charges over these limits.**

This summary is intended to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions. Benefits are subject to change based on local and state mandated laws.

Benefit information listed in your carrier certificate always supersedes any information provided in this benefit summary.

Revised 10/2019