



# COMPREHENSIVE DENTAL

DENTAL BENEFITS	In-Network	Out-of-Network
<b>Preventive &amp; Diagnostic</b> Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers	100%	80%
<b>Basic</b> Fillings; Simple Extractions; Oral Surgery; Periodon- tics; Root Canals (Endodontics); Sealants	80%	50%
<b>Major</b> Crowns & Gold Restorations; Bridgework; Full & Par- tial Dentures; Repair of Dentures; Implants	50%	50%
<b>Annual Maximum</b> (per person)	\$1,500	\$1,500
<b>Annual Deductible</b>		
Per Person	\$50	\$100
Family Maximum	\$150	\$300
Waived For		

## DENTAL PROVIDER LOOKUP

Visit: <https://www.deltadental.com/us/en/member/find-a-dentist.html>

Specialty: Choose one or Choose Any | Your Plan: Delta Dental PPO

Search by Current Location: No, Enter Zip Code | Find Dentists



## DENTAL PLAN NOTES

Carryover Max<sup>SM</sup> from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.