

Network Access	Delta Dental PPO™	Delta Dental Premier®/ Nonpar	Covered Services
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, palliative treatment, and brush biopsy
Basic Services	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs
Major Services	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants
Maximum (per person, per calendar year)	\$1,000.00		
Deductible (per person/per family, per calendar year)	\$75/Unlimited Applies to basic and major services		
EHB Plan Required**	Yes		
	Rates		
Single	\$42.90		
Two Party	\$78.99		
Family	\$132.47		

****Certified EHB Benefits (for members age 18 and under)**

EHB Note: If EHB is selected, any non-EHB covered services that are not covered in the pediatric plan will be covered for people age 18 and under, subject to the non-EHB limitations and maximum payment provisions. For all EHB covered services provided by a Delta Dental PPO™ (Point-of-Service) or Delta Dental Premier® dentist, the maximum out-of-pocket payments are \$425 per calendar year for one-person age 18 and under or \$850 per calendar year per family with two or more people age 18 and under. An individual will be considered age 18 and under until the end of the Benefit Year in which the individual attains the age of 19.