

Exclusive Panel Option (EPO) a feature of the Delta Dental PPO Group

MAXIMUM BENEFIT Calendar Year Orthodontic Lifetime	No limit Available to age 19, students and adults. See co-payment schedule for additional details.	
CALENDAR YEAR DEDUCTIBLE	No Deductible	
WHO CAN BE COVERED	Determine by Employer. Orthodontics for dependent children to age 19, students and adults.	
PPO*		COVERED SERVICES
BENEFIT INFORMATION (subject to Delta Dental guidelines)		
PREVENTIVE AND DIAGNOSTIC SERVICES		
Copayment (see attached schedule of copayment listing)	Oral Evaluation	Limited to 2 evaluations in a 12 month period
	Bitewing X-rays	Limited to 1 set in a 12 month period
	Full Mouth X-rays or Panoramic	Limited to 1 in a 60 month period
	Routine Cleaning	Limited to 2 cleanings in a 12 month period
	Fluoride Treatments	Limited to 1 treatment in a 12 month period. To age 16
	Space Maintainers	For posterior primary teeth. To age 14
	Sealants	1 per tooth in 36 months. To age 15 on unrestored molars
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))		
Copayment (see attached schedule of copayment listing)	Amalgam Fillings	Benefits on the same surface limited to 1 in 12 months
	Resin, Composite	Benefits on the same surface limited to 1 in 12 months
	Oral Surgery (Extractions)	
	General Anesthesia	Benefit with covered Oral Surgery only
	Surgical Periodontal (gums)	Benefit once every 36 months
	Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partials, Dentures)		
Copayment (see attached schedule of copayment listing)	Crowns	Benefit 1 in 60 months on same tooth. Not a benefit under age 12
	Dentures, Partials, Bridges	Benefit 1 in 60 months. Not a benefit under age 16
	Bridge/Denture Repair	
	Denture Rebase/Reline	Benefit 6 months after initial insertion. Then benefit 1 in 36 months
	Recement Bridges,Crowns	
ORTHODONTICS (Braces)		
Copayment (see attached schedule of copayment listing)	Complete Orthodontic Evaluation	
	Active Orthodontic Treatment. Orthodontic benefits provided for children to the age of 19, students and adults	

*The PPO percentage of benefits is based on the PPO Schedule of Allowance. There is no benefit outside of the PPO network

LATE ENROLLMENT BENEFIT RESTRICTION There is no annual open enrollment period for dental. Those who do not enroll in the dental plan when initially eligible, or re-enroll, will be considered >Late Enrollees@ and will subject to a 12 month waiting period on Basic and Major Services. The "Late Enrollee" penalty does not apply to those covered by another group dental plan who enroll within 31 days of loss of the other dental coverage and to children who are enrolled on any anniversary prior to the 4th birthday.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.