

Premier Voluntary Plan with National Coverage

The Premier Voluntary Plan is an employee-paid dental plan, which features national coverage that will enable you and your family to enjoy the benefits of quality, affordable dental care.

This chart represents the approximate level of coverage for services performed by dentists who participate in the Delta Dental Premier network. It also indicates any limitations that may exist for each service. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

Type I Preventive	Type II Basic Restorative
Covered at 100%	Covered at 80%
DIAGNOSTIC: Comprehensive Evaluation – Once every 60 months per dentist Periodic Oral Exams – Once every 6 months Full Mouth X-rays – Once every 60 months Biteewing X-rays – Once every 6 months when oral conditions indicate need Single Tooth X-rays – As needed PREVENTIVE: Teeth Cleaning – Once every 6 months Fluoride Treatments – Once every 6 months for members under age 19 Space Maintainers (required due to the premature loss of teeth) – For members under age 14 and not for the replacement of primary or permanent front teeth Sealants – Unrestored permanent molars, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay Chlorhexidine Mouthrinse – This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing Fluoride Toothpaste – This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery	RESTORATIVE: Silver Fillings – Once every 24 months per surface per tooth White Fillings – Once every 24 months per surface per tooth on front teeth; single surface only on back teeth Temporary Fillings – Once per tooth Stainless Steel Crowns (baby teeth only) – Once every 24 months per tooth ORAL SURGERY: Simple and Surgical Extractions – Oral surgical benefits not provided when rendered in a surgical day care or hospital setting PERIODONTICS: Periodontal Surgery – Periodontic benefits not provided when rendered in a surgical day care or hospital setting Scaling and Root Planing – Once in 24 months, per quadrant Periodontal Cleaning – Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings ENDODONTICS: Root Canal Treatment – Once per tooth Vital Pulpotomy – Limited to deciduous (baby) teeth for members under age 14 PROSTHETIC MAINTENANCE: Bridge or Denture Repair – Once within 12 months, same repair Rebase or Reline of Dentures – Once within 36 months Recement of Crowns and Onlays – Once per tooth EMERGENCY DENTAL CARE: Minor Treatment for Pain Relief – Three occurrences in 12 months General Anesthesia – Allowed with covered surgical services only

CALENDAR YEAR MAXIMUM: \$750 Per Person Per Calendar Year

CALENDAR YEAR DEDUCTIBLE:

\$50 per person/\$150 maximum per family, Type II services only

Dependents covered to age 19. Full-time students covered to age 23. **Limitations Do Apply.**

Premier Voluntary Enhanced Plan with National Coverage

The Premier Voluntary Enhanced Plan is an employee-paid dental plan, which features national coverage that will enable you and your family to enjoy the benefits of quality, affordable dental care.

This chart represents the approximate level of coverage for services performed by dentists who participate in the Delta Dental Premier network. It also indicates any limitations that may exist for each service. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

Type I Preventive	Type II Basic Restorative	Type III Major Restorative
Covered at 100% In-Network	Covered at 80%	Covered at 50%
DIAGNOSTIC: Comprehensive Evaluation – Once every 60 months per dentist Periodic Oral Exams – Once every 6 months Full Mouth X-rays – Once every 60 months Bitewing X-rays – Once every 6 months when oral conditions indicate need Single Tooth X-rays – As needed PREVENTIVE: Teeth Cleaning – Once every 6 months Fluoride Treatments – Once every 6 months for members under age 19 Space Maintainers (required due to the premature loss of teeth) – For members under age 14 and not for the replacement of primary or permanent front teeth Sealants – Unrestored permanent molars, once per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who have had a recent cavity and are at risk for decay Chlorhexidine Mouthrinse – This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing Fluoride Toothpaste – This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery	RESTORATIVE: Silver Fillings – Once every 24 months per surface per tooth White Fillings – Once every 24 months per surface per tooth on front teeth; single surface only on back teeth Temporary Fillings – Once per tooth Stainless Steel Crowns (baby teeth only) – Once every 24 months per tooth ORAL SURGERY: Simple and Surgical Extractions – Oral surgical benefits not provided when rendered in a surgical day care or hospital setting PERIODONTICS: Periodontal Surgery – Periodontic benefits not provided when rendered in a surgical day care or hospital setting Scaling and Root Planing – Once in 24 months, per quadrant Periodontal Cleaning – Once every 3 months following active periodontal treatment, not to exceed 2 in a calendar year if combined with preventive cleanings ENDODONTICS: Root Canal Treatment – Once per tooth Vital Pulpotomy – Limited to deciduous (baby) teeth for members under age 14 PROSTHETIC MAINTENANCE: Bridge or Denture Repair – Once within 12 months, same repair Rebase or Reline of Dentures – Once within 36 months Recement of Crowns and Onlays – Once per tooth EMERGENCY DENTAL CARE: Minor Treatment for Pain Relief – Three occurrences in 12 months General Anesthesia – Allowed with covered surgical services only	PROSTHODONTICS: Dentures – Once within 60 months Fixed Bridges and Crowns (when part of a bridge) – Once within 60 months MAJOR RESTORATIVE: Crowns (when teeth cannot be restored with regular fillings) – Once within 60 months per tooth Endosteal (single tooth) Implants – Once within 60 months per implant

CALENDAR YEAR MAXIMUM: \$1,000 Per Person Per Calendar Year

CALENDAR YEAR DEDUCTIBLE:

\$50 per person/\$150 maximum per family, Type II, and III services only

Dependents covered to age 19. Full-time students covered to age 23. **Limitations Do Apply.**