



PREVENTIVE CARE		DELTA DENTAL PPO	
<b>Preventive and Diagnostic</b> (Exams; Cleanings; Bitewing X-Rays; Full Mouth; Flouride Treatments; Space Maintainers)		Covered at 100%	
<b>Annual Maximum</b> (Per Person)		\$1,000	
<b>Annual Deductible</b>		None	
Per Person		None	
Family Maximum		None	
Waived for		Preventive and Diagnostic	
<b>SAMPLE COST</b>	Employee Only		\$24.50
	Employee + Spouse		\$44.75
	Employee + Child(ren)		\$41.75
	Family		\$65.25

COMPREHENSIVE PLAN		DELTA DENTAL PPO			
		PPO 1000		PPO 1500	
		In Network	Out Network	In Network	Out Network
<b>Preventive and Diagnostic</b> (Exams; Cleanings; Bitewing X-Rays; Full Mouth; Flouride Treatments; Space Maintainers)		100%	80%	100%	80%
<b>Basic</b>	(Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals; Sealants)	80%	50%	80%	50%
<b>Major</b>	Crowns & Gold Restoration; Bridgework; Full and Partial Dentures; Repair of Dentures; Implants	50%	50%	50%	50%
<b>Annual Maximim</b>		\$1,000	\$1,000	\$1,500	\$1,500
<b>Annual Deductible</b>		\$50	\$50	\$50	\$50
Per Person		\$150	\$150	\$150	\$150
Family Maximum					
Waived for		Preventive and Diagnostic	Preventive and Diagnostic	Preventive and Diagnostic	Preventive and Diagnostic
<b>SAMPLE COST</b>	Employee Only	\$49.25		\$50.50	
	Employee + Spouse	\$93.00		\$101.75	
	Employee + Child(ren)	\$86.75		\$94.75	
	Family	\$137.75		\$151.00	

Sample Cost is illustrative purposes only

For more information, visit [www.deltadental.com](http://www.deltadental.com)