## Summary of Benefits - Dental

### Voluntary Dental Insurance Triple Option Plan

<table>
<thead>
<tr>
<th>Annual Deductibles</th>
<th>Delta Dental PPO</th>
<th>Delta Premier</th>
<th><strong>Non-Network</strong></th>
<th>Delta Dental PPO</th>
<th>Delta Premier</th>
<th><strong>Non-Network</strong></th>
<th>Delta Dental PPO</th>
<th>Delta Premier</th>
<th><strong>Non-Network</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Maximum Annual Benefit per Insured

<table>
<thead>
<tr>
<th></th>
<th>$2,000</th>
<th>$1,500</th>
<th>$1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Age Limit</td>
<td>Up to age 26</td>
<td>Up to age 26</td>
<td>Up to age 26</td>
</tr>
<tr>
<td>New Hire Waiting Period</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Late Entrant Waiting Period</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Covered Expenses

#### Preventive Services
- **Deductible Waived**
  - Oral Exams (two per calendar year)
  - Cleanings (two per calendar year)
  - X-Rays
  - Space Maintainers to age 19
  - Fluoride Treatments to age 18
  - Sealants to age 15

#### Basic Services
- 100%*
- Fillings
- Oral Surgery
- Extractions
- Endodontics (root canal)
- Non-Surgical Periodontics (gum treatment)

#### Major Services
- 50%*
- Surgical Periodontics (gum treatment)
- Inlays and Onlays
  - Crowns
  - Dentures
  - Bridges
  - Implants

#### Orthodontia (Child Only to age 19)
- 50%*
- Maximum Lifetime Orthodontia Benefit per child
  - $3,000

#### Orthodontia (Child Only to age 19)
- 50%*
- Maximum Lifetime Orthodontia Benefit per child
  - $1,500

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This summary is intended to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions. Benefits are subject to change based on local and state mandated laws.

**Non-Network services are subject to U&C/R&C limitations. The Patient will be responsible for any charges over these limits.**

Revised 8/2022