

World Wide Technology Base Plan	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
Preventive Services <ul style="list-style-type: none"> Oral examinations, twice in any benefit period (includes all types) Periapical x-rays as required Bitewing x-rays as required Full-mouth x-rays once in any 36 month period Prophylaxis (cleaning), twice in any benefit period Emergency palliative treatment Topical fluoride treatments for dependent children under age 19, once in any benefit period Space maintainers that replace prematurely lost teeth of eligible dependent children under age 19, as required Sealants: for dependent children under age 15, limited to caries-free occlusal surfaces of the first and second permanent molar, once in 36 months 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> Fillings (including composite fillings on all teeth) Prefabricated stainless steel crowns, once in 5 years Periodontics Periodontal maintenance visits, limited to four in any benefit period (subject to your prophylaxis frequency limitation) Endodontics Extractions, simple and surgical General anesthesia Occlusal guard Oral surgery Occlusal guards, once per benefit period Occlusal adjustments, once in 24 months Denture rebase, once in 36 months Denture relines, once per benefit period 	80%	80%	80%
Major Services <ul style="list-style-type: none"> Prosthetics: bridges and denture, once in 5 years Crowns, jackets, labial veneers, inlays and onlays, once in 5 years Implants, as well as bone grafts, once in 5 years per tooth 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> Applies to dependent children under age 19 	50% up to \$1,500	50% up to \$1,500	50% up to \$1,500
Calendar Year Deductible (Applied to Basic and Major Services)	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum (Applied to Preventive, Basic and Major services)	\$1,500	\$1,500	\$1,500
Dependent Age Limit: 26			
MAXAdvantage Benefit Option: Benefits paid for exams, cleanings, x-rays, and fluoride treatments do not apply towards the annual maximum.			

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

