

World Wide Technology Buy-Up Plan	Delta Dental PPO <sup>SM</sup> Network	Delta Dental Premier <sup>®</sup> Network	Out-of-Network
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Oral examinations, twice in any benefit period (includes all types)</li> <li>Periapical x-rays as required</li> <li>Bitewing x-rays as required</li> <li>Full-mouth x-rays once in any 36 month period</li> <li>Prophylaxis (cleaning), twice in any benefit period</li> <li>Emergency palliative treatment</li> <li>Topical fluoride treatments for dependent children under age 19, once in any benefit period</li> <li>Space maintainers that replace prematurely lost teeth of eligible dependent children under age 19, as required</li> <li>Sealants: for dependent children under age 15, limited to caries-free occlusal surfaces of the first and second permanent molar, once in 36 months</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings (including composite fillings on all teeth)</li> <li>Prefabricated stainless steel crowns, once in 5 years</li> <li>Periodontics</li> <li>Periodontal maintenance visits, limited to four in any benefit period (subject to your prophylaxis frequency limitation)</li> <li>Endodontics</li> <li>Extractions, simple and surgical</li> <li>General anesthesia</li> <li>Occlusal guard</li> <li>Oral surgery</li> <li>Occlusal guards, once per benefit period</li> <li>Occlusal adjustments, once in 24 months</li> <li>Denture rebase, once in 36 months</li> <li>Denture relines, once per benefit period</li> </ul>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b> <ul style="list-style-type: none"> <li>Prosthetics: bridges and denture, once in 5 years</li> <li>Crowns, jackets, labial veneers, inlays and onlays, once in 5 years</li> <li>Implants, as well as bone grafts, once in 5 years per tooth</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontia</b> <ul style="list-style-type: none"> <li>Applies to all eligible participants</li> </ul>	<b>50%</b> up to \$2,000	<b>50%</b> up to \$2,000	<b>50%</b> up to \$2,000
<b>Calendar Year Deductible</b> (Applied to Basic and Major Services)	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
<b>Annual Maximum</b> (Applied to Preventive, Basic and Major services)	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>
<b>Dependent Age Limit:</b> 26			
<b>MAXAdvantage Benefit Option:</b> 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.**

