

World Wide Technology Base 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>Problem focused examinations (evaluations), as required</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> <li>Brush biopsy to detect oral cancer</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 dependent children under age 19</li> <li>Orthodontic Lifetime Maximum of \$1,500 per person</li> </ul>	<b>50% up to \$1,500</b>	<b>50% up to \$1,500</b>	<b>50% up to \$1,500</b>
<b>Calendar Year Deductible</b> (Applied to Basic and Major Services)	<b>\$50 individual \$150 family</b>	<b>\$50 individual \$150 family</b>	<b>\$50 individual \$150 family</b>
<b>Annual Maximum</b> (Applied to Preventive, Basic and Major services)	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</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.			
<b>Healthy Smiles, Healthy Lives Benefit Option:</b> Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy.			
<small>This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions</small>			