

World Wide Technology Buy-Up Plan	Delta Dental PPOSM 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) Problem focused examinations (evaluations), as required 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 Brush biopsy to detect oral cancer 	<p style="text-align: center;">100%</p>	<p style="text-align: center;">100%</p>	<p style="text-align: center;">100%</p>
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 	<p style="text-align: center;">80%</p>	<p style="text-align: center;">80%</p>	<p style="text-align: center;">80%</p>
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 	<p style="text-align: center;">50%</p>	<p style="text-align: center;">50%</p>	<p style="text-align: center;">50%</p>
Orthodontia <ul style="list-style-type: none"> Applies to all eligible participants Orthodontic Lifetime Maximum of \$2,000 per person 	<p style="text-align: center;">50% up to \$2,000</p>	<p style="text-align: center;">50% up to \$2,000</p>	<p style="text-align: center;">50% up to \$2,000</p>
Calendar Year Deductible (Applied to Basic and Major Services)	<p style="text-align: center;">\$50 individual \$150 family</p>	<p style="text-align: center;">\$50 individual \$150 family</p>	<p style="text-align: center;">\$50 individual \$150 family</p>
Annual Maximum (Applied to Preventive, Basic and Major services)	<p style="text-align: center;">\$2,000</p>	<p style="text-align: center;">\$2,000</p>	<p style="text-align: center;">\$2,000</p>
Dependent Age Limit: 26			
MAXAdvantage Benefit Option: Benefits paid for exams, cleanings, x-rays, and fluoride treatments do not apply towards the annual maximum.			
Healthy Smiles, Healthy Lives Benefit Option: 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.			
<p>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</p>			