



Description of Covered Services

Delta Dental Premier/Advantage Program/
Delta Dental PPO

Preventive & Diagnostic Services (No Deductible)

100%

- Exams, Cleanings, (each twice per calendar year per person, ages 14 and older are considered adults)
- X-rays-full mouth series or panoramic (either one, once in three years)
- X-rays-bitewing (twice per calendar year)
- X-rays-single films (multiple x-rays on the same date of service will not exceed the benefit of a full-mouth series)
- Fluoride Treatment (twice per calendar year, for eligible children to age 19, combinations with cleanings are applied to time limits for both)
- Space Maintainers (once per space for missing posterior primary teeth, for children under age 14)
- Consultations are counted as exams for purposes of frequency limitations
- Sealants (1st and 2nd permanent, decay-free molars, once in a lifetime per tooth, for children to age 16)

Remaining Basic (After Deductible)

80%

- Fillings - composite and amalgam. Payment is allowed for one restoration per tooth surface in 365 days (composite fillings on back teeth are given the alternate benefit of an amalgam filling)
- Extractions, Oral Surgery (impacted wisdom teeth claims should first go to medical carrier)
- Endodontics (root canals on permanent teeth once per lifetime per tooth)
- Periodontics (have specific frequency limitations, pre-treatment estimate is strongly recommended - e.g. surgery once per 36 months)
- Repair of Dentures (Repair of existing prosthetic appliances)

Prosthetics & Crowns (After Deductible)

50%

- Crowns and crown-related procedures (post and core, core buildup, etc., once every five years, permanent teeth only, for ages 12 and older)
- Bridgework (once every five years, for ages 16 and older) (bridges with four or more missing teeth in that arch may be given an alternate benefit of a partial denture)
- Full & Partial Dentures (either one, once every five years, partial dentures for ages 16 and older) (fixed bridges and removable partial dentures are not benefits in the same arch; benefits will be provided for the removable partial denture only)
- Inlays (inlays are only payable when done in conjunction with an onlay; by themselves they are given the alternate benefit of an amalgam filling)

Calendar Year Maximum (per person)

\$2,000.00

Calendar Year Deductible

- Individual \$40.00
- Family (family deductible is accumulated by individual deductibles) \$120.00

Orthodontia (Employee & Dependents)

50%

Orthodontic treatment is a benefit limited to once in a lifetime

- Maximum (Lifetime per patient) \$1,500.00