

Plan 1, PPO Only	Delta Dental PPO	
	In-Network	Out-of-Network
	If a Delta Dental PPO™ Dentist is Used	If a Non-Delta Dental PPO™ Dentist is Used
Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Fluoride Treatments (Frequency limitations apply); Full Mouth X-Rays; Space Maintainers	100%	100%
Basic Fillings; Periodontics; Root Canals (Endodontics); Simple Extractions; Oral Surgery; Sealants	80%	80%
Major Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures	50%	50%
Annual Maximum (per person)	\$ 1,500	\$ 1,500
Annual Deductible		
Per Person	\$50	\$50
Family Maximum	\$150	\$150
Waived for	Preventive & Diagnostic	Preventive & Diagnostic

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

12 Months	Monthly Rates
Employee	\$38.68
Employee & Spouse	\$80.36
Employee & Child(ren)	\$74.46
Family	\$123.03