

# Benefit Program Coverage

The schedule below highlights the benefit levels applicable under the DCP for each network. The percentage is based on the Dentist's submitted fees or the network-specific Maximum Approved Fees, whichever is lower. Non-Participating Providers bill patients for amounts above the Delta Dental Maximum Approved Fees. A dental service will be considered for benefits based on the date the service is completed. Benefits are subject to processing policies of Delta Dental.

**Maximum Benefit Amounts:** \$1,500 per DCP participant per Benefit Period. Plan includes Preventive Care Security (PCS); Diagnostic and Preventive services do not count towards the Maximum Benefit Amount when services are rendered by in-network providers. The DCP's payment for orthodontic services will not exceed a Lifetime Maximum of \$1,800 per DCP participant.

**Deductible:** \$50 per DCP participant per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period. The Deductible does not apply to diagnostic and preventive services.

Benefit Schedule	Delta Dental PPO™ Network		Delta Dental Premier® Network		Out of Network	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>Diagnostic and Preventive Services</b>						
Oral Examinations – twice in a calendar year (including exams with specialists)	100%	0%	100%	0%	50%	50%
Routine Cleanings – twice in a calendar year	100%	0%	100%	0%	50%	50%
X-rays – full mouth series once every 5 years/Bitewings – twice in a calendar year	100%	0%	100%	0%	50%	50%
Fluoride Application – under age 18, twice in a calendar year	100%	0%	100%	0%	50%	50%
Emergency Treatment – for relief of pain	100%	0%	100%	0%	50%	50%
Sealants – under age 14, permanent molars only, 3-year limitation	100%	0%	100%	0%	50%	50%
Space Maintainer – under age 19	100%	0%	100%	0%	50%	50%
<b>Basic and Restorative Services</b>						
Amalgam and Composite Resin Fillings – anterior and posterior teeth	80%	20%	80%	20%	50%	50%
Minor Restorative Services	80%	20%	80%	20%	50%	50%
Stainless Steel Crowns	80%	20%	80%	20%	50%	50%
Extractions – non-surgical	80%	20%	80%	20%	50%	50%
Oral Surgery – maxillofacial surgical procedures of the oral cavity, including surgical extractions	80%	20%	80%	20%	50%	50%
Endodontics – pulp therapy and root canal filling	80%	20%	80%	20%	50%	50%
Periodontal Cleanings (including full mouth debridement)	80%	20%	80%	20%	50%	50%
Periodontics – non-surgical and surgical	80%	20%	80%	20%	50%	50%
Occlusal Guards	80%	20%	80%	20%	50%	50%
General Anesthesia – intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed Provider for a covered oral surgery procedure	80%	20%	80%	20%	50%	50%

## Dental Care Program (DCP) Program Summary

Benefit Schedule	Delta Dental PPO™ Network		Delta Dental Premier® Network		Out of Network	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>Major Services</b>						
Crowns, Cast Restorations, and Inlays – when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%	50%	50%
Prosthodontics – procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%	50%	50%
Implants (endosteal with high noble metals) – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services (all ages)</b>						
Procedures performed by a Dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%	50%	50%

**Dental Care Program (DCP)  
Program Summary**