

**EFFECTIVE DATE: 1/01/2015**

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26, domestic partner</i>	Delta Dental-Option PPO		DeltaCare USA HMO
	In-Net	Out-Net	In-Network Only
Dental Network	PPO/Premier	80th	48N
Dental Networks - Payment Basis	<b>\$1,000</b> <i>per covered member</i>		No Plan Year Maximum
Plan Year Maximum	\$50/\$150	\$50/\$150	Office Visit \$5 copay
Deductible (Per Member/Per Family) <i>Per Calendar Year</i>	<b>100%</b>	<b>100%</b>	D&P \$0 - \$45 copay
Diagnostic & Preventive Svc (D&P)	None	None	None
> D&P Services Waiting Period	Yes	Yes	No Plan Year Deductible
Deductible Waived for D&P	No	No	No Plan Year Maximum
Annual Max Waived for D&P	<b>80%</b>	<b>80%</b>	\$0 - \$115 copay
Basic Service	None	None	None
> Basic Services Waiting Period	<b>50%</b>	<b>50%</b>	\$0 - \$485 copay
Major Services	None		None
> Major Services Waiting Period	Re-enrollment is not applicable. Employees can enroll during OE period.		Re-enrollment is not applicable. Employees can enroll during OE period.
Orthodontics - 3 Treatment Levels	Child Only		Adult and Child
Lifetime Ortho Max	\$1,000		Copayment
Annual Ortho Max (2 yr benefit)	N/A		\$2100 child \$2250 Adult
Exams/cleanings/bite-wing x-rays	<b>100</b>	<b>100</b>	<b>DeltaCare Schedule 48N</b>
Oral Surgery	80	80	
Non-Surgical Periodontics	80	80	
Surgical Periodontics	80	80	
Space Maintainers	<b>100</b>	<b>100</b>	
General Anesthesia	80	<b>80</b>	
Endodontics (Root Canal)	80	<b>80</b>	
Perio Maintenance (4910)	80	<b>80</b>	
Crowns, Bridges, Inlays, Onlays	80	<b>80</b>	
Implants	50	50	
	Covered		Not Covered