

Benefits at a Glance

This is a summary of benefits that may be covered. Refer to Rate Summary for coverage levels, deductible and maximums. See quote documents for underwriting guidelines, limitations and exclusions.	
Annual Deductible	Per person, per benefit period. Limit of three per family. aXcess plans have a lifetime deductible, per person. Delta Dental EPO plans do not have a deductible.
Annual Maximum	Per person, per benefit period.
MaxOver™	Per person, per benefit period.
Orthodontic Maximum	Per person, per lifetime.
Type I — Diagnostic and Preventive Care Oral exams and cleanings Fluoride applications Sealants Bitewing and full mouth X-rays Space maintainers <i>Health Smile, Healthy You® Program</i>	No deductible. No benefit waiting period. Twice in a 12-month period. Once in a 12-month period for individuals under age 19. For 1st and 2nd permanent molars for individuals under age 16, one application per tooth. Bitewing — one set in a 12-month period. Full mouth — once in a 36-month period*. Once per quadrant or arch, per lifetime, for individuals under age 14. Distal shoe space maintainers are limited to individuals under age nine. Enrolled individuals who have certain high-risk cardiac conditions, are pregnant, diabetic, and/or undergoing radiation or chemotherapy treatment for cancer are entitled to an additional exam and cleaning (or periodontal maintenance visit, if there is a history of periodontal surgery). Cancer patients are also entitled to an additional fluoride application beyond the age limitation of the group contract.
Type II — Basic Dental Care Amalgam or composite fillings Prefabricated stainless steel crowns Simple extractions Denture repair and recementation of crowns, bridges and dentures Endodontic Periodontic Complex Oral Surgery	Deductible applies (except for Delta Dental PPO — EPO Plan Designs). No benefit waiting period. aXcess plans cover endodontic, periodontic and complex oral surgery as Major Dental Care. Unless upgraded, composite (white) fillings limited to upper and lower six front teeth. Once per quadrant or arch, per lifetime, for individuals under age 14. Once in a 12-month period after 6 months from initial placement. Retreatment of root canal therapy allowed after two years from initial root canal therapy; once in a lifetime. Once per quadrant in a 24-36 month period based on services rendered.
Optional Type III — Major Dental Care Crowns Prosthodontics/dentures/bridges Implants and implant-supported prosthetics	Deductible applies (except for Delta Dental PPO plans). Refer to Rate Summary for applicable benefit waiting period. Once per tooth every 60 months when an existing crown, not related to an implant, cannot be rendered serviceable and tooth cannot be restored by an amalgam or composite restoration. Crowns are limited to individuals age 12 and older. Once every 60 months when an existing prosthesis, not related to an implant, cannot be rendered serviceable. Fixed bridges or removable partials are limited to individuals age 16 and older. Once in a lifetime for individuals 16 and older. Implants are limited to two per quadrant and four per each arch with a maximum of eight for full mouth reconstruction. Delta Dental EPO plans do not offer implant coverage.
Optional Type IV — Orthodontic Benefits**	No deductible. Refer to Rate Summary for applicable benefit waiting period.

*Voluntary plans cover full mouth X-rays once in a 60-month period. **Both Employer-paid and Voluntary plans allow for a choice of dependent-only or adult and dependent ortho coverage. This plan is underwritten by Delta Dental of Virginia.