

THIS MATRIX IS A BRIEF SUMMARY OF YOUR BENEFITS. YOU MUST READ THE ENTIRE EVIDENCE OF COVERAGE IN ORDER TO UNDERSTAND THE DETAILS OF YOUR DENTAL COVERAGE.

Delta Dental PPOSM Plan

Your Co-Payment, Deductibles, Maximums and Waiting Periods

PLAN 3A

DENTAL SERVICES	PPO DENTIST		NON-PPO DENTIST		CALENDAR YEAR DEDUCTIBLE *	CALENDAR YEAR MAXIMUM
	DELTA DENTAL'S CO-PAYMENT	YOUR CO-PAYMENT	DELTA DENTAL'S CO-PAYMENT	YOUR CO-PAYMENT		
Diagnostic and Preventive Services	100%	0%	100%	0%	If services are provided by a Delta Dental PPO Dentist: \$50 for each Enrollee up to a limit of \$150 per family If services are provided by any other dentist: \$75 for each Enrollee up to a limit of \$225 per family	\$2,000 for each Enrollee
Basic Services	90%	10%	80%	20%		
Crowns, Inlays, Onlays, and Cast Restorations	60%	40%	50%	50%		
Prosthetic Services	60%	40%	50%	50%		
Orthodontics Services for adults and children	50%	50%	50%	50%		\$1,500 lifetime Maximum for each Enrollee

* Diagnostic and Preventive Benefits and Orthodontic Benefits are not counted towards the Deductible.