## Benefit Outline

### Levels of Coverage

<table>
<thead>
<tr>
<th>A: Preventive Services</th>
<th>B: Basic Services</th>
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</thead>
<tbody>
<tr>
<td>Oral examinations (evaluations), twice in any benefit period (includes all types).</td>
<td>Restorative services using amalgam, synthetic porcelain, and plastic filling material.</td>
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<tr>
<td>Bitewing x-rays; to age 19 limited to one set of 4 films twice per benefit period; once per benefit period thereafter.</td>
<td>Periodontics: treatment for diseases of the gums and bone supporting the teeth.</td>
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<tr>
<td>Periapical x-rays limited to 4 films per benefit period.</td>
<td>Endodontics: root canal filling and pulpal therapy (therapy for the soft tissue of a tooth).</td>
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<tr>
<td>Full-mouth or panoramic x-rays, once in 5 years.</td>
<td>Emergency palliative treatment as needed (minor procedures to temporarily reduce or eliminate pain).</td>
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<tr>
<td>Dental prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits), twice in any benefit period.</td>
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<tr>
<td>Topical fluoride application for patients under age 19, twice in any benefit period.</td>
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<tr>
<td>Space maintainers that replace prematurely lost teeth of eligible dependent children under age 16, once per quadrant per lifetime.</td>
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<tr>
<td>Sealants: for dependent children under age 16; limited to caries-free occlusal surfaces of the first and second permanent molars, twice per tooth per lifetime.</td>
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### C: Major Services

<table>
<thead>
<tr>
<th>C: Major Services</th>
<th>D: Orthodontic Services</th>
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</thead>
<tbody>
<tr>
<td>Prosthetics: bridges and dentures, once in 7 years.</td>
<td>Orthodontic care: treatment for correction of malposed teeth to establish proper occlusion through movement of teeth or their maintenance in position. Applies to dependent children under age 19.</td>
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<tr>
<td>Crowns, jackets, labial veneers, inlays, and onlays when required for restorative purposes, once in 7 years.</td>
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<tr>
<td>Oral surgery including simple and surgical extractions.</td>
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</tbody>
</table>

### Coverage Limitations

**Under Coverage A**
- If an existing space maintainer cannot be made satisfactory, a replacement will be covered only once per quadrant per lifetime.
- Sealants are limited to caries-free occlusal surfaces of the first and second permanent molars only twice per tooth per lifetime.

**Under Coverage C**
- If an existing bridge or denture cannot be made satisfactory, a replacement will be covered only once in 7 years, but not during the first year of Coverage C benefits.

**Under Coverage C (Continued)**
- Dental benefits for an initial or replacement crown, jacket, labial veneer, inlay or onlay on or for a particular tooth will only be provided once in 7 years, unless the damage to that tooth was caused by accidental injury not related to the normal function of the tooth or teeth.

**Under Coverage D**
- If your membership is terminated before an orthodontic treatment plan is completed, coverage will be provided only to the end of the month of termination.
- Benefits will not be paid for repair or replacement of an orthodontic appliance.
- After completion of your orthodontic treatment plan or reaching your orthodontic lifetime maximum, no further orthodontic benefits will be provided.
**Dental Services Not Covered**

- Services for which the participant, absent this coverage, would normally incur no charge, such as care rendered by a dentist to a member of his immediate family or the immediate family of his spouse.
- Services for which coverage is available under Workers' Compensation or Employers' Liability Laws.
- Services performed for cosmetic purposes or to correct congenital malformations except for newborns with congenital dental defects.
- Charges for services that require multiple visits, which commenced prior to the membership effective date (including, but not limited to, prosthetics and orthodontic care).
- Services or supplies related to temporomandibular joint (TMJ) dysfunction (this involves the jaw hinge joint connecting the upper and lower jaws).
- Any services not specifically stated as Covered Services (including hospital or prescription drug charges).
- Replacement of dentures and other dental appliances which are lost or stolen.
- Services rendered by a dentist beyond the scope of his license.
- Hypnosis.
- Duplicate services provided by another group dental plan.
- Diseases contracted or injuries or conditions sustained as a result of any act of war.
- Denture adjustments for the first six months after the dentures are initially received. Separate fees may not be charged by participating dentists.
- Charges for complete occlusal adjustments, crowns for occlusal correction, Nightguards, Bruxism Appliances, and Bite Therapy appliances.
- Tooth preparation, temporary crowns, bases, impressions, and anesthesia or other services which are part of the complete dental procedure. These services are considered components of, and included in the fee for the complete procedure. Separate fees may not be charged by participating dentists.
- Analgesia, including Nitrous Oxide.
- Charges covered under a terminal liability, extension of benefits, or similar provision, of a program being replaced by this program.
- Services rendered by a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- Services provided or paid for by any governmental agency or under any governmental program or law, except charges which the person is legally obligated to pay (this exclusion extends to any benefits provided under the U.S. Social Security Act and its Amendments).
- Charges for duplication of radiographs.
- Charges for temporary appliances.
- Implants and related procedures.
- Charges for experimental or investigational services or supplies.
- A dentist need not provide dental services which for any reason, in his professional judgment, should not be provided. Charges for such services are not covered expenses.
- Instructions in dental hygiene, dietary planning, or plaque control.
- Missed appointments or completion of claim forms.
- Infection control, including sterilization of supplies and equipment.

This is a summary of your dental care plan. Eligibility for benefits and the actual amount of benefit payments are determined by the legal plan document and laws that govern that plan. This summary describes the plan in an easier to read, summarized format. If there is any conflict between the description in this publication and the legal plan document, the legal plan document (Membership Certificate) will be followed. Delta Dental maintains the right to interpret the terms of this plan. Your employer intends to maintain this plan for employees, but reserves the right to change or end the plan at any time. This summary is not a guarantee of employment or an employment contract.