

**Delta Dental PPO plus Premier
HILLTOP COMMUNITY RESOURCES – Group #9336**

MAXIMUM BENEFIT Plan Year Maximum			\$1,500 per member, per calendar year	
Plan YEAR DEDUCTIBLE Applies to Basic and Major Services			Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PREVENTION FIRST PPO and Premier Networks Only			Diagnostic and Preventive services do not count against the plan year maximum when you see a PPO or Premier provider for all services.	
RIGHT START 4 KIDS PPO and Premier Networks Only			Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group’s plan, is not covered at 100% but at the plan’s listed coinsurance.	
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Limited to 1 evaluation in a 6 month period
			Sealants	1 per tooth in 36 months to age 15 on unrestored 1st/2nd permanent molars
			Bitewing X-Rays	Once in a 12 month period
			Full Mouth / Pano X-Rays	Once in a 60 month period
			Fluoride	Twice in a 12 month period to age 16
			Space Maintainers	For premature loss of baby teeth only to age 14
BASIC SERVICES				
80%	80%	80%	Fillings (Composite or Amalgam)	Benefits on the same surface limited to 1 in 24 months
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES – 12 month waiting period				
60%	60%	60%	Crowns	Benefit 1 in 84 months for same tooth, not a benefit under age 12
			Implants	Benefit 1 in 84 months for same tooth, not a benefit under age 16
			Complete and partial dentures	Benefit 1 in 60 months, not a benefit under age 16
			Fixed Bridgework	Benefit 1 in 84 months, not a benefit under age 16
ORTHODONTICS \$2,000 lifetime maximum - 12 month waiting period				
50%	50%	50%	For covered children and adults	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.