

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

**HIGHLIGHTS OF YOUR DENTAL PLAN
DELTA DENTAL PPOSM PLAN - Voluntary**

BENEFITS AND COVERED SERVICES *	In-Network Dentist Delta Dental PPO	Out-of-Network Dentist Non-Delta Dental** & Delta Dental Premier®
Reimbursement Basis (When you visit a Delta Dental Dentist you pay only the patient share*** at the time of treatment. Delta Dental pays its portion directly to the dentist.)	Delta Dental will reimburse the applicable percentage of the Covered Service based on the lesser of the Fee Actually Charged or the Delta Dental PPO provider allowed fee.	
Waiting period for Endodontics, Periodontics, Oral Surgery and Prosthodontics	12 months	12 months
Deductibles (waived for Diagnostic and Preventive)	\$50 per person	\$50 per person
Calendar Year Maximum	\$1,000	\$1,000
Diagnostic & Preventive	100%	100%
Basic Benefits	80%	80%
Dental Accident Benefits	100%	100%
Endodontic Benefits	50%	50%
Periodontic Benefits	50%	50%
Crowns, Inlays, Onlays and Cast Restoration Benefits	50%	50%
Prosthodontic Benefits	50%	50%
Hospitalization Services	Not Covered	
Ambulance Services	Not Covered	
Prescription Drug Coverage	Not Covered	
Durable Medical Equipment	Not Covered	
Mental Health Services	Not Covered	
Chemical Dependency	Not Covered	
Home Health Services	Not Covered	

* Please refer to the benefits, limitations and exclusions sections of this Evidence of Coverage/Disclosure form.
 ** Delta Dental Premier dentist may charge a higher fee but they may not balance bill you above their Premier provider fee allowance. Non-Delta Dental dentists are not contracted with Delta Dental and can charge you the entire amount in advance and wait for reimbursement.
 ***Patient's share is any deductible, coinsurance/co-payment, any amount over the annual maximum and for services your plan does not cover.