△ DELTA DENTAL	Core Plan	Buy-up Plan
	In-Network	In-Network
Calendar Year Maximum Benefit	\$1,500	\$2,000
Oral Surgery Maximum	\$1,500**	\$2,000**
Annual Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Diagnostic & Preventative Services		
Exams, cleanings, fluoride treatments, x-rays, space maintainers, sealants	100%	100%
Basic Services		
Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions, other oral surgery	80%*	90%*
Major Restorative Services		
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	50%*	60%*
Orthodontic Services		
Coverage copayment	Not Covered	50%*
Individual lifetime maximum		\$2,000
Dependents eligible to		Age 26
Adult orthodontics		Yes
Special Programs		
CheckUp™ Plus	Allows enrollees to get diagnostic and preventative dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.	
Evidence-Based Integrated Care Plan (EBICP)	Provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.	
Employee Contributions (Bi-weekly Rates)		
Employee Only	\$3.44	\$6.26
Employee + Spouse/DP	\$6.88	\$12.51
Employee + Child/ren	\$7.40	\$13.45
Family	\$12.56	\$22.84

^{*}Coinsurance for all plans and services (outside of preventative care) reflects what the plan pays after deductible is met. Preventative Care is covered 100% before deductible.

^{**}The Oral Surgery Maximum does not count toward the Calendar Year Maximum Benefit.