

Highland Ventures LTD- Full Time Employees - Group # 20409

Annual Deductible	\$50/person; \$150/family		
Deductible applies to Basic and Major services			
Annual Maximum	\$1000/ person		
To GoSM Carryover Feature	Not Included		
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.		
Lifetime Orthodontic Maximum Dependent Children to Age 19 Adults are not eligible for coverage	\$1000/ person		
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)			
• Routine exams (2 in 12 months)	100%	100%	100%
• Cleanings (1 per 6 months)	100%	100%	100%
• X-rays (bitewings -2 per 12 months; full mouth-1 per 3 years)	100%	100%	100%
• Fluoride treatments (1 per 6 months to age 19)	100%	100%	100%
• Space maintainers (to age 19)	100%	100%	100%
• Sealants (1 per 3 years to age 16)	100%	100%	100%
BASIC SERVICES (no waiting period)			
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
• Pin retention	80%	80%	80%
• IV sedation	80%	80%	80%
• Stainless steel crowns	80%	80%	80%
• Therapeutic drug injections	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
MAJOR RESTORATIVE SERVICES (no waiting period)			
• Harmful habit appliances (1 per lifetime to age 19)	50%	50%	50%
• Veneers	50%	50%	50%
• Tissue conditioning	50%	50%	50%
• Repairs and recements to crowns, bridges, inlays and onlays	50%	50%	50%
• Crowns, onlays, and other ceramic restorations to perm teeth (1 per 5 yrs)	50%	50%	50%
• Partial/full dentures (1 per 5 years)	50%	50%	50%
• Denture (repair, reline, rebase and adjustments - 1 per 12 months)	50%	50%	50%
• Fixed/removable bridges (1 per 5 years)	50%	50%	50%
• Implants (1 per 5 years)	50%	50%	50%
ORTHODONTICS (no waiting period)	50%	50%	50%
Dependent Children to Age 19; Adults are not eligible for coverage			

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.