

# The Plan That Will Keep You Smiling

Product	Delta Dental Premier with National Coverage Voluntary*	Delta Dental Premier with National Coverage Voluntary Enhanced*	Delta Dental Premier Voluntary Table	Delta Dental Premier Voluntary Enhanced Table	Delta Dental PPO with National Coverage Voluntary Enhanced
<b>Network Size</b>	Close to 6,600 dentist locations statewide and over 182,000 nationwide	Close to 6,600 dentist locations statewide and over 182,000 nationwide	Close to 6,600 dentist locations statewide	Close to 6,600 dentist locations statewide	Over 2,000 dentist locations statewide and over 100,000 nationwide
<b>In-Network Coverage</b>	100% Type I 80% Type II	100% Type I 80% Type II 50% Type III	Services listed in Table of Allowance	100% Type I Additional services as listed in Table of Allowance	100% Type I 80% Type II 50% Type III
<b>Annual Maximum</b>	\$750	\$1,000	\$1,000	\$1,000	\$1,000
<b>Deductibles</b>	\$50.00 per person/ \$150.00 maximum per family, Type II services only	\$50.00 per person/ \$150.00 maximum per family, Type II and III services only	None	None	In-network: None Out-of-network: \$100 per person annual deductible
<b>Out-of-Network Coverage</b>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1,2</sup>
<b>Rollover Max</b>	No	Yes	Yes	Yes	Yes

**Eligible Employee Participation Requirements:** 5 to 9: 100% 10 to 24: 80% 25 to 84: 60% 85+: 30%

*\* Available for new business only.*

<sup>1</sup> If services are received from a non-participating dentist, the member may also be responsible for the difference between Delta Dental's payment and the dentist's submitted charge.

<sup>2</sup> Out-of-network coverage is offered at a reduced benefit level.

**For more information, please contact your broker or Delta Dental Sales Executive. They can help you choose which plan is right for you!**