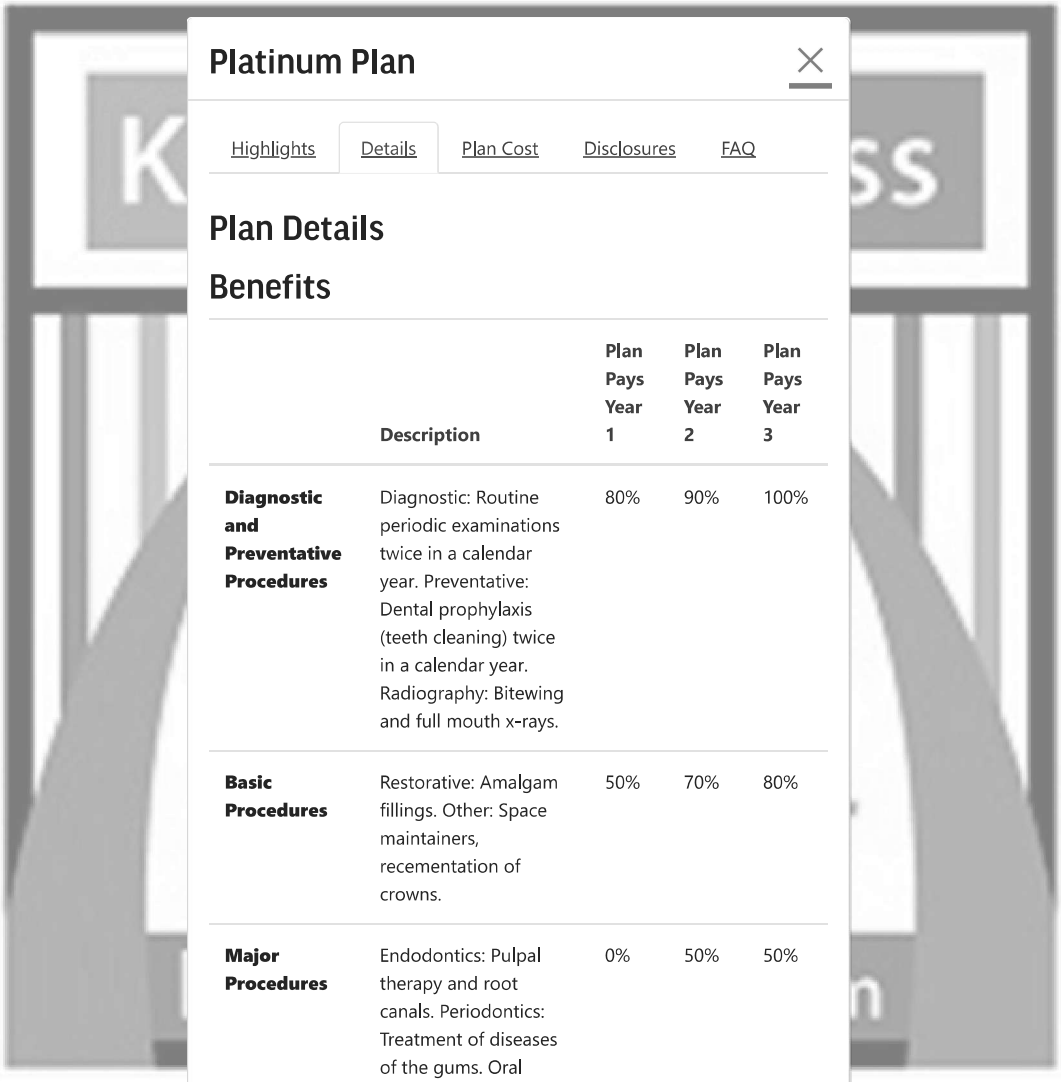

Platinum Plan

Highlights | Details | Plan Cost | Disclosures | FAQ

Plan Details

Benefits

	Description	Plan Pays Year 1	Plan Pays Year 2	Plan Pays Year 3
Diagnostic and Preventative Procedures	Diagnostic: Routine periodic examinations twice in a calendar year. Preventative: Dental prophylaxis (teeth cleaning) twice in a calendar year. Radiography: Bitewing and full mouth x-rays.	80%	90%	100%
Basic Procedures	Restorative: Amalgam fillings. Other: Space maintainers, recementation of crowns.	50%	70%	80%
Major Procedures	Endodontics: Pulpal therapy and root canals. Periodontics: Treatment of diseases of the gums. Oral Surgery: Extractions and other oral surgery, including pre and post operative care. Prosthetics: Gold restorations, crowns, bridges, partials and complete dentures. Other: Pontics, repair of crowns and bridges, repair of full and partial dentures.	0%	50%	50%
Orthodontia Procedures	$500 calendar year maximum; $1000 lifetime maximum per person for this benefit Orthodontic benefits are only available for eligible dependent children to age 26.	0%	50%	50%
Disclaimer	Reimbursement is based on Delta Dental PPO[SM] Contracted Fees for Delta Dental PPO Providers, PPO Contracted Fees for Delta Dental Premier® Providers and PPO Contracted Fees for Non-Delta Dental			

4 Dental Plans Found

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