



This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Delta Dental of Indiana

January 1 through December 31

| exams, cleanings, fluoride, and space maintainers | | |
|---|--|--|
| to temporarily relieve pain | | |
| to prevent decay of permanent teeth | | |
| to detect oral cancer | | |
| X-rays | | |
| fillings and crown repair | | |
| root canals | | |
| to treat gum disease | | |
| extractions and dental surgery | | |
| crowns | | |
| misc. services | | |
| to bridges, implants, and dentures | | |
| bridges, implants, and dentures | | |

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Nonparticipating Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

- Three oral exams (including evaluations by a specialist) are payable per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

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