

## AFSCME Council 5

Group #538

Plan Benefit Highlights			
Network(s)	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,750	\$1,750	\$1,750
<b>Deductible</b> Per person / per family per Calendar year <i>No deductible for diagnostic and preventive services</i>	\$25/person \$75/family	\$25/person \$75/family	\$25/person \$75/family
<b>Eligible Dependents</b>	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments Space maintainers	100%	100%	100%
<b>Basic Services</b> Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	100%	100%	100%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	90%	80%	80%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	90%	80%	80%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	90%	80%	80%
<b>Major Restorative</b> Crowns Composite resin restorations (white fillings) on posterior (back) teeth	70%	50%	50%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs Bridge repair	50%	50%	50%
<b>Prosthetics</b> Dentures (full and partial) Bridges Limited implant coverage	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.