DELTA DENTAL®

Coe College

Group Number: 33421

Benefits Effective: 1/1/2027 to 12/31/2027

| SUMMARY OF COVERAGE | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
|---|---|---|---|
| Deductible | | | |
| Individual | $25* | $25* | $25* |
| Family | $75* | $75* | $75* |
| Annual Benefit Maximum per person per calendar year | $2,000 | | |
| **BENEFIT CATEGORIES** | **Coinsurance paid by member** | | |
| Diagnostic & Preventive Services routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers | 0% | 0% | 0% |
| Routine & Restorative Services cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment | 20% | 20% | 20% |
| Posterior Composites silver filling on back teeth** | 20% | 20% | 20% |
| Endodontic Services root canals and therapy | 20% | 20% | 20% |
| Periodontal Services non-surgical procedures, gum and bone diseases, surgical procedures, perio maintenance therapy | 20% | 20% | 20% |
| High Cost Restorations repair crowns, crowns, recementing crowns | 20% | 20% | 20% |
| Prosthetics bridges, dentures, repairs and adjustments | 50% | 50% | 50% |
| Implants | 50% | 50% | 50% |
| Corrective Orthodontia Benefit & Lifetime Maximum Child Only | 50% coinsurance and $1,500 lifetime maximum. | | |
| To Go℠ | Annual benefit maximum carry over. | | |

*Deductible is waived for diagnostic and preventive care.

Orthodontia benefits for eligible children to age 19 and full-time students eligible to age 19.

**If you choose a tooth-colored filling for your back (posterior) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.

The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.