DELTA DENTAL

Dental Benefits Summary

FORVIS, LLP - PREMIER PLAN 2024 Plan Year	Delta Dental PPO℠ Network	Delta Dental Premier® Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on Fair Health 90th Percentile - Balance billing is possible
Preventive Services • Oral Examinations, twice per calendar year • Prophylaxis (cleaning, scaling and polishing, including two periodontal maintenance visits), twice per calendar year. Two additional cleanings allowed for those that qualify due to specific medical conditions (Healthy Smiles Healthy Lives). • Topical fluoride treatments for dependent children under age 19, once per calendar year. • Space maintainers for dependent children under age 16, once in 5 years • Bitewing x-rays, two sets per calendar year • Periapical x-rays, as required • Full mouth x-rays, once in 36 months • Emergency palliative treatment • Sealants for dependent children under age 14, once in 3 years • Brush Biopsy to detect oral cancer	100%	100%	100%
Basic Services • Restorative services (Fillings) - composites on all teeth • Endodontics - root canal filling and pulpal therapy • Periodontics - non-surgical and surgical • Oral Surgery, including simple and surgical extractions • General Anesthesia in conjunction with covered surgical procedures • Repair and re-cementing of crowns, inlays, onlays or bridgework • Denture adjustments, repairs, rebase and reline to complete and partial dentures	80%	80%	70%
Major Services • Prosthetics - bridges and dentures; once in 5 years • Crowns, inlays, and onlays, once in 5 years • Implants as well as bone grafts, once in 5 years	50%	50%	40%
Orthodontia • All eligible participants	50% to a $2,000 lifetime maximum	50% to a $2,000 lifetime maximum	50% to a $2,000 lifetime maximum
Calendar Year Deductible (Applied to Basic and Major services)	$50 per person / $150 family limit	$50 per person / $150 family limit	$50 per person / $150 family limit
Annual Maximum (Applied to Basic and Major services)	$2,000	$2,000	$2,000

Dependent Age Limit: 26; End of the month

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.