

Founders Group International	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 applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible
Preventive services • Bitewing x-rays, two sets per benefit period • Emergency palliative treatment • Full-mouth x-rays (pano), once in any 36 month period • Oral examinations, twice in any benefit period • Periapical x-rays, as required • Prophylaxis (cleanings), twice in any benefit period • Sealants for dependent children under age 16, once in any 36 month period • Space Maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 19, twice in any benefit period	100%	100%	100%
Basic services • Composite fillings • Endodontics • Fillings • General Anesthesia • Non-Surgical Periodontics • Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Simple Extractions • Surgical Extractions • Surgical Periodontics	80%	80%	80%
Major services • Bridges, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Dentures, once in 5 years • Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years. • Oral Surgery (excluding extractions)	50%	50%	50%
Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum)	0% up to \$1,500 No deductible	50% up to \$1,500 No deductible	50% up to \$1,500 No deductible
Calendar year deductible (Applied to Basic and Major services)	\$0 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual maximum (Applied to Preventive, Basic and Major services)	\$1,500	\$1,500	\$1,500
Dependent age limit: 26			
Added features included • MAXAdvantage			

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.