

Barry-Wehmiller Companies, Inc.	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 <ul style="list-style-type: none"> Oral examinations (evaluations), twice in any benefit period (includes all types). One additional problem focused exam allowed per benefit period. Bitewing x-rays limited to one set, twice per benefit period Periapical x-rays, as required Full-mouth x-rays, once in three years (except as needed following oral surgery). Prophylaxis (cleanings, scaling, and polishing including periodontal maintenance visits), twice in any benefit period. Two additional periodontal maintenance visits allowed for patients who have a history of periodontal therapy (total # of prophylaxis not to exceed 4 per year) Topical fluoride treatments for patients under age 19, once in any benefit period Emergency palliative treatment as needed Space maintainers that replace prematurely lost teeth of eligible dependent children Sealants for dependent children under age 19, once in 5 years Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, experiencing kidney failure or undergoing dialysis, or have a history of periodontal therapy. To be eligible for the additional cleaning benefits you must submit a completed Self-Report form which can be obtained at www.deltadentalmo.com or by contacting customer service. If periodontal therapy has already been reported on your claims, the Self-Report form is not necessary. Brush biopsy to detect oral cancer 	100%	80%	80%
Basic services <ul style="list-style-type: none"> Fillings Periodontics Endodontics Oral surgery, including simple and surgical extractions Denture repairs and adjustments, including rebase and reline 	80%	80%	80%
Major services <ul style="list-style-type: none"> Prosthetics: bridges and dentures, once in 5 years Crowns, Inlays, Onlays, once in 5 years Bruxism appliance 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> Orthodontia for dependent children under age 19 (lifetime maximum) Separate Lifetime Deductible of \$50 per person 	50% up to \$1,000 After deductible	50% up to \$1,000 After deductible	50% up to \$1,000 After deductible
Calendar year deductible (Applied to Basic and Major services)	\$50 per person	\$50 per person	\$50 per person
Annual maximum (Applied to Preventive, Basic and Major services)	\$1,000	\$1,000	\$1,000
Dependent age limit: 26			

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.