

DENTAL PLAN BENEFIT SUMMARY

	DENTAL BASIC SUMMARY CHART Effective Jan. 1 – Dec. 31, 2025			DENTAL PLUS SUMMARY CHART Effective Jan. 1 – Dec. 31, 2025		
Covered Services	Delta Dental PPO Network (includes OSU Student Dental Clinic)	Delta Dental Premier Network	Out-of-Network	Delta Dental PPO Network (includes OSU Student Dental Clinic)	Delta Dental Premier Network	Out-of-Network
Annual Deductible	\$0	\$50 per person	\$100 per person	\$0	\$25 per person	\$50 per person
Annual Maximum Benefit	\$1,500 per person ^{1,3}	\$1,200 per person ^{1,3}		\$2,500 per person ^{1,3}	\$2,000 per person ^{1,3}	
	Orthodontics has a separate lifetime maximum of \$1,200			Orthodontics has a separate lifetime maximum of \$2,000		
Preventive Services (includes: cleanings, sealants, fluoride treatments, and space maintainers; bitewing, full-mouth or panoramic X-rays), Emergency Palliative Treatments and Oral Examinations	100% of allowed amount; no deductible; no balance billing ²		100% of allowed amount; no deductible; subject to balance billing	100% of allowed amount; no deductible; no balance billing ²		100% of allowed amount; no deductible; subject to balance billing
Endodontics (root canals), Oral Surgery (includes impacted tooth extraction), Periodontics (gum disease), Restorative Services – Minor (includes fillings, and repair of bridgework crowns, dentures, and onlays) and X-rays, All Others (includes all diagnostic)	80% of allowed amount, no deductible; no balance billing ²	75% of allowed amount; after deductible; no balance billing ²	70% of allowed amount; after deductible; subject to balance billing	80% of allowed amount, no deductible; no balance billing ²	75% of allowed amount; after deductible; no balance billing ²	70% of allowed amount; after deductible; subject to balance billing
Orthodontics	100% of allowed amount, up to \$1,200 lifetime maximum; ¹ no deductible	50% of allowed amount, up to \$1,200 lifetime maximum; ¹ no deductible		100% of allowed amount, up to \$2,000 lifetime maximum; ¹ no deductible	50% of allowed amount, up to \$2,000 lifetime maximum; ¹ no deductible	
	Coverage is only available for children up to age 19. Benefits are pro-rated and paid over the course of the treatment.			Coverage is available for children and adults with no age limit. Benefits are pro-rated and paid over the course of the treatment.		
Prosthodontics (includes dentures, fixed bridgework, and implants) and Restorative Services – Major (includes cast restorations and crowns)	55% of allowed amount, no deductible; no balance billing ²	50% of allowed amount; after deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing	55% of allowed amount, no deductible; no balance billing ²	50% of allowed amount; after deductible; no balance billing ²	50% of allowed amount, after deductible; subject to balance billing
Temporomandibular Disorder (TMD)	No coverage under Dental. Limited coverage is available under Ohio State's medical benefits.					

1 You are responsible for all costs over the maximums. 2 For any optional treatment (defined as a service that is more expensive than what is customarily provided or for which Delta Dental does not determine that a valid dental need is shown), you are responsible for the costs over the allowed amount, regardless of whether or not the service is provided in-network. 3 Some services are excluded from the annual maximum. A list of these services can be found in the Faculty and Staff Dental Plan – Specific Plan Details Document.