DENTAL PLAN SUMMARY CHART

Effective Jan. 1 – Dec. 31, 2017

Covered Services	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
Annual Maximum Benefit	$1,500 per person [1,3]	$1,200 per person [1,3]	$1,200 per person [1,3]
	Orthodontics has a separate lifetime maximum of $1,200		
Preventive Services (includes: cleanings, sealants, fluoride treatments, and space maintainers; bitewing, full-mouth and panoramic X-rays)	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; subject to balance billing
Emergency Palliative Treatments	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; subject to balance billing
Endodontics (root canals)	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
Oral Examinations	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; no balance billing[2]	100% of allowed amount; no deductible; subject to balance billing
Oral Surgery (includes impacted tooth extraction)	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;[1] no deductible	50% of allowed amount, up to $1,200;[1] no deductible	50% of allowed amount, up to $1,200;[1] no deductible
	Coverage is only available up to age 19; $1,200[1] lifetime maximum benefit. Benefits are pro-rated and paid over the course of the treatment.		
Periodontics (gum disease)	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
Prosthodontics (includes dentures, fixed bridgework, and implants)	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
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
Restorative Services – Minor (includes fillings, and repair of bridgework crowns, dentures, and onlays)	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
Temporomandibular Disorder (TMD)	No coverage under the Dental Plan. Limited coverage is available under the Ohio State medical plans.		
X-rays, All Others (includes all diagnostic)	80% of allowed amount, no deductible; no balance billing	75% of allowed amount; after deductible; no balance billing	70% of allowed amount; after deductible; subject to balance billing

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 Dental Plan – Specific Plan Details document.