

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$23.30	\$44.16	\$41.51	\$69.25

Dental Benefits	In Network	Out of Network
Annual Deductible	\$0	\$0
Annual Maximum Benefit	\$1,000 per insured person	\$1,000 per insured person
Diagnostic & Preventive		
Exams / Cleanings (twice per year)	Covered 100%	Covered 100%
Bitewing X-Rays (once per year)	Covered 100%	Covered 100%
Full mouth X-Rays (once every 5 years)	Covered 100%	Covered 100%
Fluoride Treatment <sup>1</sup> (twice per year)	Covered 100%	Covered 100%
Space Maintainers <sup>2</sup> (once per space)	Covered 100%	Covered 100%

<sup>1</sup>Fluoride treatments are for eligible children to age 19 in combination with cleanings and subject to the same annual limitations.

<sup>2</sup>Space maintainers are once per space for missing posterior primary teeth for children under age 14.

### How to find a network dentist:

From the Delta Dental mobile app or website at <https://www.deltadentalct.com>

1. Click on "Find a Dentist"
2. Enter city, zip, or partial address
3. Select the distance you are willing to travel
4. Select the "Delta Dental PPO" network
5. Click "Search"

For additional questions, call Delta Dental Customer Service at **1.800.452.9310**

