



Kingsley-Pierson CSD  
Group Number: 40779

## SUMMARY OF COVERAGE

### Deductible

per person per contract year

### Benefit Period Maximum

per person per contract year

Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
\$25*	\$50*	\$50*
\$1,500		

## BENEFIT CATEGORIES

### Diagnostic & Preventive Services

routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers

### Routine & Restorative Services

cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment

### Posterior Composites

tooth-colored filling on back teeth

### Endodontic Services

root canals and therapy

### Periodontal Services

non-surgical procedures, gum and bone diseases, surgical procedures, perio maintenance therapy

### High Cost Restorations

crowns, recementing crowns

### Prosthetics

bridges, dentures, repairs and adjustments

### Corrective Orthodontia Benefit & Lifetime

Maximum

Child Only

## Coinsurance paid by member

0%	0%	0%
10%	20%	20%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50% coinsurance and \$1,500 lifetime maximum		

\*Deductible is waived for diagnostic and preventive care.

Orthodontia benefits for eligible children to age 19 and full-time students eligible to age 19.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.

The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.