

Plan Benefit Highlights for: Board of County Commissioners of Washington County, Maryland
Group No: 04568

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Deductibles	Low Plan: \$50 per person / \$150 per family each plan year (July – June) High Plan: Delta Dental PPO dentists: \$50 per person / \$150 per family each plan year (July – June) Non-Delta Dental PPO dentists: \$100 per person / \$300 per family each plan year (July – June)		
	Deductibles waived for Diagnostic & Preventive (D & P)? Low Plan: No High Plan: Delta Dental PPO dentists: Yes Non-Delta Dental PPO dentists: No		
Maximums	\$1,000 per person each plan year		
	D & P counts toward maximum? Yes		
Waiting Period(s)	Basic Services	Major Services	Prosthodontics
	None	None	None

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	80 %	80 %	100 %	80 %
Basic Services Fillings, denture repairs and posterior composites	80 %	80 %	90 %	70 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	90 %	70 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	90 %	70 %
Oral Surgery Covered Under Basic Services	80 %	80 %	90 %	70 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	80 %	60 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	80 %	60 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.