Benefit Summary for: THE YAHNIS COMPANY Group Number: 6199-1000

Delta Dental PPO – Dentacare M		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Calendar Year Deductible	Applied to Basic and Major services	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	Applied to Preventive, Basic and Major services	\$1,500	\$1,500	\$1,500
Preventive Services	 Oral examinations, twice per benefit period Bitewing x-rays Full mouth x-rays, once in any 60 months Periapical x-rays, as required Prophylaxis (cleanings), twice in any benefit period Topical fluoride treatments for dependent children under age 14, once per benefit period Space maintainers under age 16, once in 5 years 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Endodontics Simple extractions Surgical extractions Sealants for dependent children under age 14, once in 5 years General anesthesia Emergency palliative treatment Oral surgery (excluding extractions) 	80%	80%	80%
Major Services *12 month wait	Bridges & dentures, once in ten years Crowns, Inlays, Onlays once in ten years	50%	50%	50%
Orthodontia	Orthodontia for dependent children under age 19	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible

About Delta Dental networks

Delta Dental PPO Providers: offer deep discounts from standard charges with no balance billing.

Delta Dental Premier Providers: offer lesser discounts than PPO but the assurance of no balance billing.

Non-Network Providers: are not contracted with Delta Dental benefit payments are made up to the 90th percentile; balance billing is possible over that level

Delta Dental PPO Providers typically offer the greatest discounts.

Customer Service

Toll Free: 800-335-8266 8am-6pm EST www.DeltaDentalSC.com

Please refer to your complete Summary Plan Description for a detailed listing of your benefits and any limitations