

| Stifel – Enhanced Plan (MO7756)   | Delta Dental PPO <sup>SM</sup> Network     | Delta Dental Premier <sup>®</sup> Network  | Out-of-Network                             |
|---|--|--|--|
| <b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Bitewing x-rays</li> <li>• Emergency palliative treatment</li> <li>• Full mouth x-rays</li> <li>• Oral Examinations</li> <li>• Prophylaxis (cleanings)</li> <li>• Sealants</li> <li>• Space maintainers</li> <li>• Topical fluoride treatments</li> <li>• Periapical x-rays</li> <li>• Problem focused exams</li> <li>• Brush biopsy</li> </ul> | 90%  | 80%  | 80%  |
| <b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Non-Surgical Periodontics</li> <li>• Oral surgery, including simple and surgical extractions</li> <li>• Periodontal maintenance</li> <li>• Endodontics</li> <li>• Prefabricated stainless steel crowns</li> <li>• Localized delivery of antimicrobials</li> <li>• Recement crowns, bridges, inlays and onlays</li> </ul>         | 70%  | 70%  | 70%  |
| <b>Major Services</b> <ul style="list-style-type: none"> <li>• Prosthetics: bridges and dentures</li> <li>• Crowns, inlays and onlays</li> <li>• Surgical Periodontics</li> <li>• Occlusal guard for bruxism</li> <li>• General anesthesia in conjunction with covered surgical procedures</li> <li>• Implants</li> </ul>   | 50%  | 50%  | 50%  |
| <b>Orthodontia</b> <ul style="list-style-type: none"> <li>• Orthodontia for all eligible participants (lifetime maximum)</li> </ul>   | 50% up to \$1,500<br>subject to deductible | 50% up to \$1,000<br>subject to deductible | 50% up to \$1,000<br>subject to deductible |
| <b>Calendar Year Deductible</b><br>(Applied to Basic, Major and Orthodontic Services)   | \$50 individual<br>3X family               | \$50 individual<br>3X family               | \$50 individual<br>3X family               |
| <b>Annual Maximum</b><br>(Applied to Preventive, Basic and Major Services)  | \$2,000                                    | \$1,500                                    | \$1,500                                    |
| <b>Healthy Smiles, Healthy Lives Benefit Option</b> – Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, cardiovascular disease, or have a history of periodontal therapy.   |  |  |  |
| <b>Dependent Age Limit:</b> 26 (end of month)   |  |  |  |

### About Delta Dental networks

**Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Delta Dental Premier Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.

**Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

**Delta Dental PPO Providers typically offer the greatest discounts.**



This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions.