



**BENEFIT SUMMARY FOR:
EMBRACE HOME LOANS**

Product Name: Delta Dental Premier
Plan Type: National Coverage

The information listed here is not a guarantee of payment. Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office. These benefits are listed according to the level of coverage (i.e. 100%,80%) . Your group number is **3334**. Coverage for benefits with time limitations (i.e. 6,12,24,36 or 60 months) is calculated to the exact day.

The annual maximum is: \$2,000.00 per member per calendar year
The annual deductible is: \$0.00
The maximum lifetime cap: Unlimited

Pretreatment estimates are recommended for underlined procedures.

Plan pays 100%; Member Coinsurance 0%

- Two oral exams per calendar year
- Two cleanings per calendar year. More frequent cleanings may be allowed for pregnant women or patients with diabetes or compromised immune systems. Documentation is required.
- Fluoride treatment for children under age 19 once every 12 months. Fluoride varnish once every 12 months for members over age 16 following gingival flap or osseous surgery.
- One set of bitewing x-rays every 12 months
- One complete x-ray series or panoramic film every 60 months
- Single x-rays as required
- Sealants for children under age 16, once per unrestored permanent bicuspid and molar every 24 months

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) and composite (white) fillings.
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months.
- Extractions and other routine oral surgery not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy
- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges
- Rebasing or relining of partial or complete dentures; once every 60 months
- Periodontal maintenance following active therapy, once every 3 months. If alternating with routine cleanings, there must be 3 months between a cleaning and the next maintenance procedure.
- Root planing and scaling once per quadrant every 24 months.
- Osseous (bone) surgery once per quadrant every 24 months.
- Gingivectomies once per site every 24 months.
- Soft tissue grafts once per site every 60 months
- Crown lengthening once per site every 60 months
- Guided tissue regeneration and bone replacement graft once per site every 24 months

Plan pays 50%; Member Coinsurance 50%

- Surgical placement of endosteal implant, abutment and crown once per tooth site per lifetime
- Crowns over natural teeth, build ups, post and cores - replacement limited to once every 84 months
- Bridges, build ups, posts and cores - replacement limited to once every 60 months.
- Partial and Complete dentures - replacement limited to once every 60 months

Orthodontics:

Plan pays 50%; Member Coinsurance 50%

- Braces and related services for dependent children under the age of 19
Lifetime maximum (orthodontics only) is \$1,000.00

Dependent coverage - Dependent children are covered up until the end of the year that they turn age 19. Dependent children who are full-time students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 23.