DELTA DENTAL®

Dental benefits summary

SIERRA BULLETS, LLC Eff. 09/01/2025 – High Plan	Delta Dental PPO™ Network Based on applicable PPO Maximum Plan Allowance - No balance billing	Delta Dental Premier® Network Based on applicable Premier Maximum Plan Allowance - No balance billing	Out-of-Network Based on applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible
Preventive services • Bitewing x-rays, one set per benefit period • Oral Examinations, twice in any benefit period • Prophylaxis (cleanings), twice in any benefit period • Sealants for dependent children under age 16, once in 5 years • Space maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 16, once in any benefit period	**100%**	**100%**	**100%**
Basic services • Emergency palliative treatment • Endodontics • Fillings • Full mouth x-rays, once in any 36 month period • Periapical x-rays, as required • Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Simple extractions	**90%**	**80%**	**80%**
Major services • Bridge repairs & recement • Bridges, once in 7 years • Crown repairs & recement • Crowns, Inlays, Onlays, once in 7 years • Denture repairs & adjustments • Dentures, once in 7 years • General Anesthesia • Non-Surgical Periodontics • Stainless steel crowns, once in 7 years • Surgical extraction of impacted teeth • Surgical extractions • Surgical Periodontics	**60%**	**50%**	**50%**
Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum)	**50% up to $1,000 No deductible**	**50% up to $1,000 No deductible**	**50% up to $1,000 No deductible**
Calendar year deductible (Applied to Basic and Major services)	**$50 individual 3X family**	**$50 individual 3X family**	**$50 individual 3X family**
Annual maximum (Applied to Preventive, Basic and Major services)	**$1,500**	**$1,500**	**$1,500**

Dependent age limit: 26

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. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.