

**Plan Benefit Highlights for:** Independent Health Association, Inc.

**Group No:** 06808 - Independent Health's 55+ Dental Plan - Option 2

<b>Eligibility</b>	Primary enrollee and spouse only (includes domestic partner).
<b>Deductibles</b>	\$100 per person each calendar year
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes
<b>Maximums</b>	\$1,000 per person each calendar year
D & P counts toward maximum?	Yes

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-PPO dentists** (Delta Dental Premier® &amp; Non-Delta Dental Dentists)</b>
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays	100 %	100 %
<b>Basic Services</b> Fillings, denture repair	50 %	50 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	50 %	50 %
<b>Surgical Periodontics</b> (surgical gum treatment)	0 %	0 %
<b>Non-Surgical Periodontics</b> (non-surgical gum treatment) Covered Under Basic Services	50 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	0 %	0 %
<b>Prosthodontics</b> Bridges and dentures	0 %	0 %
<b>TMJ</b>	50 %	50 %

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

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

<b>Delta Dental of New York</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783 (Business Hours: 8 am to 8 pm ET)	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-2105
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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.