### Deductible –

**Delta Dental PPO Dentist** - $50 Deductible per person total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to diagnostic, preventive, x-rays, brush biopsy, sealants, cephalometric films, diagnostic casts, photos, and orthodontics.

**Delta Dental Premier Dentist or Nonparticipating Dentist** - $100 Deductible per person total per Benefit Year limited to a maximum Deductible of $300 per family per Benefit Year. The Deductible does not apply to diagnostic, preventive, x-rays, brush biopsy, sealants, cephalometric films, diagnostic casts, photos, and orthodontics.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.