

YOUR DENTAL BENEFITS

Prepared for the members of Objective: Veterans' Smile

The summary below does not cover all plan details. Further information can be found in the dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Premium Plan	Delta Dental PPO™
Individual Annual Maximum	\$500
Deductible - Individual	\$0
Diagnostic & Preventive 2 Exams, 2 cleanings, X-rays	100%
Basic Services Emergency treatment to relieve pain, Fillings, Non-surgical extractions	100%
Major Services Crowns, inlays, onlays, bridges and dentures, repairs and adjustments to bridges and dentures, and implants, oral surgery, root canals, treatment of gum disease	0%

*There is no coverage for seeking care outside the Delta Dental of Wisconsin PPO network.

