

**Plan Benefit Highlights for:** University of Southern Mississippi

**Group No:** 16095

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
<b>Maximums</b>	<b>Low Plan:</b> \$1,000 per person each calendar year <b>High Plan:</b> \$1,500 per person each calendar year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits Low 12 Months High 6 Months	Prosthodontics Low 12 Months High 6 Months	Orthodontics Low 12 Months High 12 Months

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>	Delta Dental PPO dentists <sup>†</sup>	Non-Delta Dental PPO dentists <sup>†</sup>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100 %	100 %	100 %	100 %
<b>Sealants</b>	50 %	50 %	100 %	100 %
<b>Basic Services</b> Fillings and denture repair/relining	50 %	50 %	80 %	80 %
<b>Endodontics</b> (root canals)	25 %	25 %	50 %	50 %
<b>Periodontics</b> (gum treatment)	25 %	25 %	50 %	50 %
<b>Oral Surgery</b>	50 %	50 %	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	25 %	25 %	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures	25 %	25 %	50 %	50 %
<b>Orthodontic Benefits</b> Dependent children to age 19	50 %	50 %	50 %	50 %
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

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

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Rates	
Low Plan Option:	High Plan w/\$1500 Current Year Max
Employee Only: \$27.76	Employee Only: \$37.57
Family : \$67.59	Family : \$91.47

**Delta Dental Insurance Company**  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

**Customer Service**  
800-521-2651

**Claims Address**  
P.O. Box 1809  
Alpharetta, GA 30023-1809

**deltadentalins.com**

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.