

H & R BLOCK ENHANCED DENTAL PLAN ¹	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
Preventive Services <ul style="list-style-type: none"> Prophylaxis (cleanings), twice in any calendar year Oral Examinations, twice in any calendar year Bitewing x-rays, two sets per calendar year Periapical x-rays, as required Full mouth x-rays, once in any 36 month period Sealants for dependent children under age 17, once in any 36 month period Space maintainers, initial appliance only Topical fluoride treatments for dependent children under age 19, once in any calendar year 	100%	100%	100%
Basic Services <ul style="list-style-type: none"> Emergency palliative treatment Periodontal maintenance, twice in any calendar year (subject to the prophylaxis frequency limitation) Fillings: composite (white) on anterior teeth, and amalgam (silver) on posterior teeth Simple and surgical extractions Oral surgery General anesthesia Endodontics: root canal filling and pulpal therapy Bridge repairs & recement Denture repairs & adjustments 	80%	80%	80%
Major Services <ul style="list-style-type: none"> Non-surgical and surgical Periodontics Crowns, Inlays, Onlays, once in 5 years per tooth Bridges and dentures, once in 5 years Crown repairs & recement Implants, as well as bone grafts, once in 5 years per tooth 	50%	50%	50%
Orthodontia for children and adults	50%	50%	50%
Calendar Year Deductible (Applied to Basic and Major services)	\$50 individual / \$150 family limit		
Annual Maximum (Applied to Preventive, Basic & Major services)	\$1,750 per person		
Lifetime Orthodontic Maximum	\$1,750 per person		
MAXAdvantage	Claims paid for exams, cleanings, x-rays, and fluoride do not apply to your calendar year benefit maximum.		
Dependent Age Limit: 26, end of month	<p>Dentists Nationwide: 80% Delta Dental Premier[®] Network, 55% Delta Dental PPOSM Network</p> <p>Dentists in Missouri: 94% Delta Dental Premier[®] Network, 55% Delta Dental PPOSM Network</p>		

¹ This is intended to be a summary only, please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. If a discrepancy occurs, the SPD will govern.