

Delta Dental PPOSM

Plan PPO Value¹

Sample of Benefits ²	Plan PPO Value	
Employer Contribution	75% to 100%	
Coinsurance for:	PPO Dentists	Non-PPO Dentists
Diagnostic & Preventive (D&P) Services Oral examinations and cleanings Bitewing x-rays Sealants Topical application of fluoride solution	100%	100%
Basic Fillings and denture repairs	80%	80%
Major Services Crowns, inlays/onlays Prosthodontics (dentures, bridges and implants)	50%	50%
Endodontic/Periodontic Services	80%	80%
Oral Surgery Services	80%	80%
Calendar Year Deductible (per enrollee/per family)	\$50	\$50
Deductible Waived for D&P?	Yes	
Waiting Period	None	
Fee Basis	PPO ³	
Rate Tier	3 tier	
Calendar Year Maximum (per enrollee)	\$1,000 \$1,500 \$2,000 ⁴	
D&P Maximum Waiver⁵	Optional	
Orthodontics - Child only (Requires a minimum of 10 primary enrollees)	50%	
Orthodontic Lifetime Maximum	\$1,000 \$1,500	

¹ For businesses with 2-99 enrolled employees.

² Subject to limitations and exclusions. The benefit explanations contained herein are subject to all provisions of the group dental service contract and do not modify such contract in any way. Please contact your general agent or Delta Dental sales representative for complete information.

³ Reimbursement for all dentists will be based on the PPO contracted fee.

⁴ Groups with 2-4 enrolled employees can select a \$1,000 or \$1,500 calendar year maximum only.

⁵ D&P services will not apply toward the enrollee's calendar year maximum.

In California, Delta Dental PPOSM is underwritten by Delta Dental of California.

