

Delta Dental PPOSM

Plan PPO 2¹

Sample of Benefits ²	Plan PPO 2	
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%	80%
Basic Fillings and denture repairs	80%	80%
Major Services Crowns, inlays/onlays Prosthodontics (dentures, bridges and implants)	50%	50%
Oral Surgery Services	80%	80%
Deductible Waived for D&P?	Yes	
Waiting Period	None	
Fee Basis	PPO plus Premier ³	
Optional		
Endodontic/Periodontic Services (choose one)	80% 50%	80% 50%
Calendar Year Deductible (per enrollee/per family)	\$25/\$75 \$50/\$150	
Calendar Year Maximum (per enrollee)	\$1,000 \$1,500 \$2,000	
D&P Maximum Waiver⁴	Optional	
Orthodontics - Child Only or Adult and Child	50%	
Orthodontic Lifetime Maximum	\$1,000 \$1,500	
Rate Tier	3 or 4 Tier	

¹ For businesses with 50-99 eligible 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 will be based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentist.

⁴ 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.

