

# Delta Dental PPO<sup>SM</sup>

## Plan PPO 3<sup>1</sup>

| Sample of Benefits <sup>2</sup>   | Plan PPO 3                    |                  |
|---|-------------------------------|------------------|
| <b>Employer Contribution</b>  | 75% to 100%                   |                  |
| <b>Coinsurance for:</b>   | PPO Dentists                  | Non-PPO Dentists |
| <b>Diagnostic &amp; Preventive (D&amp;P) Services</b><br>Oral examinations and cleanings<br>Bitewing x-rays<br>Sealants<br>Topical application of fluoride solution | 100%                          | 100%             |
| <b>Basic</b><br>Fillings and denture repairs  | 80%                           | 80%              |
| <b>Major Services</b><br>Crowns, inlays/onlays<br>Prosthodontics (dentures, bridges and implants)   | 50%                           | 50%              |
| <b>Oral Surgery Services</b>  | 80%                           | 80%              |
| <b>Deductible Waived for D&amp;P?</b>   | Yes                           |                  |
| <b>Waiting Period</b>   | None                          |                  |
| <b>Fee Basis</b>  | PPO plus Premier <sup>3</sup> |                  |
| Optional  |                               |                  |
| <b>Endodontic/Periodontic Services</b> (choose one)   | 80%                           | 80%              |
|   | 50%                           | 50%              |
| <b>Calendar Year Deductible</b> (per enrollee/per family)   | None                          | \$25/\$75        |
|   | \$40/\$120                    | \$50/\$150       |
| <b>Calendar Year Maximum</b> (per enrollee)   | \$1,000                       |                  |
|   | \$1,500                       |                  |
|   | \$2,000                       |                  |
| <b>D&amp;P Maximum Waiver<sup>4</sup></b>   | Optional                      |                  |
| <b>Orthodontics - Child Only or Adult and Child</b>   | 50%                           |                  |
| <b>Orthodontic Lifetime Maximum</b>   | \$1,000                       |                  |
|   | \$1,500                       |                  |
| <b>Rate Tier</b>  | 3 or 4 Tier                   |                  |

<sup>1</sup> For businesses with 50-99 eligible employees

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> D&P services will not apply toward the enrollee's calendar year maximum.

In California, Delta Dental PPO<sup>SM</sup> is underwritten by Delta Dental of California.

