

Delta Dental PPOSM

Plan PPO Vol¹

Sample of Benefits ²	Plan PPO Vol	
Employer Contribution	Less than 75%	
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	50%	50%
Oral Surgery Services	50%	50%
Dental Accident (\$1,000 lifetime maximum per patient)	100%	100%
Calendar Year Deductible (per enrollee/per family)	\$50	
Deductible Waived for D&P?	Yes	
Waiting Period	12-months ³	
Fee Basis	PPO ⁴	
Rate Tier	4 tier	
Options		
Calendar Year Maximum (per enrollee)	\$1,000 \$1,500 ⁵	
Orthodontics - Child Only (Requires a minimum of 25 primary enrollees)	50%	
Orthodontic Lifetime Maximum	\$1,000	

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 There is a 12-month waiting period for major, endodontic, periodontic, oral surgery and orthodontic services. The waiting period may be waived for initial employees and eligible dependents with proof of coverage in their employer's prior comprehensive group dental coverage with no break in coverage. New hires and their dependents are subject to 12-month waiting period regardless of previous coverage.

⁴ Reimbursement for all dentists will be based on the PPO contracted fee.

⁵ The maximum is limited to \$1,000 for groups with 2-4 primary enrollees.

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

