

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

## Plan PPO Plus Premier Enhanced<sup>1</sup>

Sample of Benefits <sup>2</sup>	Plan PPO Plus Premier Enhanced	
<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> Exams, cleanings and x-rays Enhanced pregnancy benefit	100%	100%
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	80%	80%
<b>Major Services</b> Crowns, inlays/onlays Prosthodontics (dentures, bridges and implants)	60%	50%
<b>Endodontic/Periodontic Services</b>	80%	80%
<b>Oral Surgery Services</b>	80%	80%
<b>Calendar Year Deductible</b> (per enrollee/per family)	\$25	\$50
<b>Deductible Waived for D&amp;P?</b>	Yes	
<b>Waiting Period</b>	None	
<b>Fee Basis</b>	PPO plus Premier <sup>3</sup>	
<b>Rate Tier</b>	3 tier	
<b>Calendar Year Maximum</b> (per enrollee)	\$1,000 \$1,500 \$2,000 <sup>4</sup> \$2,500 <sup>4</sup>	
<b>D&amp;P Maximum Waiver<sup>5</sup></b>	Optional	
<b>Orthodontics - Child only</b> (Requires a minimum of 10 primary enrollees)	50%	
<b>Orthodontic Lifetime Maximum</b>	\$1,000 \$1,500	

<sup>1</sup> For businesses with 2-99 enrolled 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 is based on the PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

<sup>4</sup> Groups with 2-99 enrolled employees can select a \$1,000 or \$1,500 calendar year maximum only.

<sup>5</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.

