

Delta Dental PPOSM

Plan PPO 1¹

Sample of Benefits ²	Plan PPO 1	
Employer Contribution	75% to 100%	
Coinsurance for:	PPO Dentists	Non-PPO Dentists
Diagnostic & Preventive (D&P) Services Exams, cleanings and x-rays Enhanced pregnancy benefit	100%	100%
Basic Services Fillings, simple tooth extractions and sealants	90%	80%
Major Services Crowns, inlays/onlays Prostodontics (dentures, bridges and implants)	60%	50%
Oral Surgery Services	90%	80%
Deductible Waived for D&P?	Yes	
Waiting Period	None	
Fee Basis	PPO plus Premier ³	
Optional		
Endodontic/Periodontic Services (choose one)	90%	80%
	60%	50%
Calendar Year Deductible (per enrollee/per family)	\$25/\$75	
	\$50/\$150	
Calendar Year Maximum (per enrollee)	\$1,000	
	\$1,500	
	\$2,000	
	\$2,500	
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 the PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

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.

