

Delta Dental PPO Plan BEST HEALTHPLAN - Group # 9906

MAXIMUM BENEFIT Calendar Year Orthodontic Lifetime Maximum (children to age 19)			\$1,500 per person Combination of in and out-of-network \$1,000 per person Combination of in and out-of-network	
DEDUCTIBLE Applies to Basic, Major and Orthodontics			Individual Deductible- \$ 50.00 Combination of in and out-of-network Family Deductible - \$150.00 Combination of in and out-of-network	
WHO CAN BE COVERED			Determined by Employer Contract	
In-Network				
PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
PREVENTIVE AND DIAGNOSTIC SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Limited to 2 evaluations in a calendar year
			Bitewing X-rays	Limited to once in a 12-month period
			Full Mouth X-rays	Limited to 1 in a 36 month period
			Fluoride Treatments	Limited to 1 treatment in a calendar year under age 19
			Space Maintainers	Children under age 19
			Sealants	Once per tooth for permanent molars in children under age 19
BASIC SERVICES (Fillings, Endodontics (Root Canal), Periodontics (Gum Disease) and Oral Surgery (extractions))				
80%	80%	80%	Fillings	Composite (white) fillings limited to front teeth
			Oral Surgery (Extractions)	
			Surgical Periodontal (gums)	
			Root Canal Therapy	
MAJOR SERVICES (Crowns, Bridges, Partial, Dentures)				
50%	50%	50%	Crowns	Benefit 1 in 60 months on same tooth
			Dentures, Partial, Bridges	Benefit 1 in 60 months- not a benefit under age 16
			Bridge/Denture Repair	
ORTHODONTIC SERVICES (Braces)				
50%	50%	50%	Complete Orthodontic Evaluation	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less.

Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

To Find a Dentist - www.deltadentalco.com Customer Service Phone # is 800.610.0201

Late Enrollment applies. Late Enrollment means enrollment after the initial eligibility period (this does not apply to qualifying events). Late enrollees must be enrolled for 12 months before any benefits other than Diagnostic & Preventive will be covered.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services which are limited or excluded from coverage. Your Employee Benefit Booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this Summary of Benefits and your Employee Benefit Booklet, the Benefit Booklet will govern.