

## DELTA DENTAL PPO PLUS PREMIER CEBT - PLAN B



(Effective July 1, 2021)

MAXIMUM BENEFIT Calendar Year Maximum				\$1,500 per member, per calendar year	
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services				Individual Deductible – \$50.00 Combination of in and out-of-network Family Deductible – \$150.00 Combination of in and out-of-network	
PREVENTION FIRST PPO and Premier Networks Only				Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.	
RIGHT START 4 KIDS PPO and Premier Networks Only				Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics, if selected as part of the group's plan, is not covered at 100% but at the plan's listed coinsurance.	
PPO Dentist	PREMIER Dentist	NONPAR Dentist	СО	VERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES					
100%	100%	100%	Oral Exams and Cleanings		Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
			Periodontal Maintenance		Limited to 4 in a calendar year
			Sealants		Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays		Once in a calendar year
			Full Mouth X-Rays		Once in a 5-year period
			Fluoride		Twice in a calendar year, through age 15
			Space Maintainers		One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES (including occlusal guards)					
80%	80%	80%	Fillings		Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions		
			Oral Surgery		
			Endodontics / Periodontics		
MAJOR SERVICES					
50%	50%	50%	Crowns		Once per tooth in 5-year period. Not a benefit under age 12.
			Implants		Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges		Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS \$1,500 lifetime maximum					
50%	50%	50%	For covered children to age 19		

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.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern.

07/01/2021