DELTA DENTAL®

PPO Plus Premier™ 7
2-9 Enrolled Employees
Benefit Summary

Plan Highlights

	PPO	Premier® and Out-of-Network
Calendar Year Deductible Per person/per family (excluding P&D)	$50 / $150	
Calendar Year Maximum (Per enrollee)	$1,000	$750
Waiting Period	None	
Orthodontics	Not covered	

Benefits

Preventive & Diagnostic	Frequency	Coverage* PPO / Premier / Out-of-Network
Oral Exams and Evaluations Consultations - combined with all other exams Emergency exams - combined with all other exams	2 per calendar year	100%
Cleanings/Prophylaxis	2 per calendar year	
Bitewing X-rays	2 per calendar year (through age 18) 1 per calendar year (age 19 and older)	
Full mouth X-rays or panoramic film	1 per 5 years	
Sealants	Once in a 24-month period per tooth (dependents through age 14) on permanent molars with no prior restorations on the "O" surface. Not covered in addition to resin fillings.	
Topical fluoride	2 per calendar year (through age 18)	
Space maintainers	1 per arch per lifetime (through age 13)	
Basic Services		
Fillings	Repeat restorations of same surface payable once in 2 years	50%
Composite/resin restorations on second bicuspids and molars (white fillings)	Composite resin restorations will be covered on all teeth	
Simple Extractions	1 per lifetime per tooth	
Root Canal Therapy (Endodontics)	1 per lifetime per tooth	
Periodontal Maintenance	2 per calendar year. Periodontal maintenance is interchangeable with, but not in addition to, routine cleanings	
Scaling and Root Planing	1 per 2 years per quadrant.	
Periodontal surgeries (gingivectomy, osseous surgery, flap surgery and grafts, etc.)	1 per 3 years per quadrant. Note, frequencies vary by procedure code.	
Oral Surgery	Frequencies vary by procedure code. If performed within 6 months of a major restoration or endodontic procedure no further benefits provided for the extraction.	
General Anesthesia or IV sedation	Payable with covered oral surgery	

*Members will be subject to balance billing for covered services. PPO Dentist: Coverage percent is based on the PPO Schedule of Fees. Premier: Coverage percent is based on the Participating Dentist Maximum Approved Charge (PMAC). Non-participating: Coverage percent is based on the Non-Participating Dentist Maximum Approved Charge (NMAC).

Benefits, continued

Major Services	Frequency	Coverage* PPO / Premier / Out-of-Network
Single Crowns	Replacement 1 in 5 years against itself or any other major services on the same tooth.	50%
Stainless Steel Crowns	Replacement 1 in 2 years	
Crown inlay, onlay and veneer repairs	No frequency limitations	
Crown recements	Payable 6 months after insertion then 1 in 12 months	
Post and Core	Replacement 1 in 5 years	
Inlays	Given alternate benefit of a composite filling	
Inlays/Onlays	If inlays are payable replacement 1 in 5 years; onlays are payable 1 in 5 years	
Implants	Once every 60 months per tooth for ages 16 and older	
Bridgework (abutment crowns and pontics)	1 per 5 years	
Recements	Not billable when performed within 6 months of initial placement by the same dentist/dental office, but then payable 1 per 12 months	
Repairs	Not billable within 12 months of the initial placement, but then payable 2 per 3 years.	
Dentures (complete and partials)	1 placement per 5 years	
Adjustments	Not billable when performed within 6 months of the initial placement by the same dentist/dental office, but then payable 2 in 12 months	
Repairs, relines and rebases	Not billable when performed within 6 months of the initial placement by the same dentist/dental office, but then payable 1 in 6 months	

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For benefits or claims questions, call **800-452-9310.**

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Calendar Year Maximum (Per enrollee)	$1,500	$1,000
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Calendar Year Maximum (Per enrollee)	$2,000	$1,500
Waiting Period	None	
Orthodontics	Not covered	

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