



2017/2018

Plan Description: Delta Dental-PPO 1250
Product: PPO
Network: Dental PPO

Provider: Delta Dental Insurance Company
Member Services Phone #: 800-521-2651
Plan Website Address: <http://www.deltadentalins.com>

Benefit	In-Network	Out-of-Network
Deductibles & Maximum Amounts		
Calendar Year Benefit Maximum	• \$1,250	• \$1,250
Calendar Year Deductible - Individual	• \$50	• \$50
Calendar Year Deductible - Family	• \$150	• \$150
Preventive & Diagnostic Services		
Preventive & Diagnostic Services	• 100% (deductible waived)	• 80% (deductible waived)
Basic / Restorative Services		
Basic / Restorative Services	• 80%	• 60%
Major Services		
Major Services	• 50%	• 40%
Orthodontic Services		
Orthodontic Lifetime Maximum	• \$1,250 (Maximum for children under age 20. Adult Ortho not covered)	• \$1,000 (Maximum for children under age 20. Adult Ortho not covered)
Orthodontic Deductible	• None	• None
Orthodontic Coinsurance	• 50%	• 30%
Diagnosis	• 50%	• 30%
Initial Placement of Orthodontic Appliance	• 50%	• 30%
Active and Retention Treatments	• 50%	• 30%
Services		
Oral Examination Copay / Coinsurance	• 100% (deductible waived)	• 80% (deductible waived)
Dental X-Rays	• 100% (deductible waived)	• 80% (deductible waived)
Prophylaxis - Adult	• 100% (deductible waived)	• 80% (deductible waived)
Prophylaxis - Child	• 100% (deductible waived)	• 80% (deductible waived)
Topical Application of Fluoride	• 100% (deductible waived)	• 80% (deductible waived)
Topical Application of Sealants	• 100% (deductible waived)	• 80% (deductible waived)
Fillings	• 80%	• 60%
Periodontic Services	• Contact Plan for specifics	• Contact Plan for specifics
Extractions	• Contact Plan for specifics	• Contact Plan for specifics
Endodontics	• Contact Plan for specifics	• Contact Plan for specifics
Oral Surgery	• Contact Plan for specifics	• Contact Plan for specifics
Inlays	• 50%	• 40%
Crowns	• 50%	• 40%
Dentures	• 50%	• 40%
Bridges	• 50%	• 40%

This benefit summary has been prepared by a licensed Insurance carrier or broker based on documents provided by the applicable licensed Insurance carrier. Please refer to the Plan Document and Certificate of Coverage (COC) for terms and conditions of all benefits. Benefits may require pre-certification in order to avoid a reduction in benefits or denial of coverage. The insured should contact the carrier at the phone number indicated on this summary or refer to the COC for further details prior to seeking treatment. If there is any conflict between this benefit summary and the Plan Document or COC, the Plan Document and COC govern. This health insurance plan is part of a large group health plan, as such Medicare is the secondary payer for any insured member that is enrolled in Medicare and this plan. If eligible for Medicare due to ESRD, Medicare becomes primary payer after thirty months of Medicare eligibility. If member is a COBRA participant, Medicare is the primary payer.