Delta Dental PPO
Regional Office of Education, #32946
Summary of Benefits

COVERAGE A: PREVENTIVE SERVICES
Routine periodic examinations, including bitewing x-rays, twice per benefit year
Full mouth x-rays once in any 36 month interval
Prophylaxis twice per benefit year
Topical fluoride applications for dependents under age 19 at 12 month intervals
Space maintainers (to age 14)

COVERAGE B: MINOR SERVICES
Amalgams & Composite Fillings (including Posterior Composites)
Sealants (to age 16)
Endodontics: root canals and pulpal therapy
Oral Surgery: Simple Extractions (including pre- and post- operative care)
Oral Surgery: Surgical Extractions (including pre- and post- operative care)
Non-surgical periodontics: treatment of gum disease

COVERAGE C: MAJOR SERVICES
Crowns and jackets where professionally indicated
Implant Therapy
Prosthetics: bridges, partial dentures and complete dentures
Surgical periodontics: surgical procedures necessary for the treatment of diseases of the gums

COVERAGE D: ORTHODONTICS
Orthodontics: treatment necessary for the proper alignment of teeth for dependent children under age 19.

The above information is a ***basic summary*** of your dental plan highlights. For a complete listing of benefits, including standard limitations and exclusions, please refer to your Certificate of Coverage booklet.

	Delta Dental PPO*	**Delta Dental Premier****
BENEFITS:	**In-Network**:	**Out-of-Network:**
Coverage A:	100% of discounted fees	100% of Maximum Plan Allowance
Coverage B:	80% of discounted fees	80% of Maximum Plan Allowance
Coverage C:	50% of discounted fees	50% of Maximum Plan Allowance
Coverage D:	50% of discounted fees	50% of Maximum Plan Allowance

*Delta Dental PPO dentists agree to accept payment based on the lesser of the submitted fee or the Delta Dental PPO discounted fee schedule, which is established at a level that delivers a 15 – 35% discount off of average billed charges nationally.

**Delta Dental Premier network dentists agree to accept payment based on the lesser of the submitted fee, the dentist's filed fee, or the maximum plan allowance (MPA).

DEDUCTIBLE:
In-Network:
$50 per individual/$150 per family per Benefit Year
Deductible applies to Coverages B & C
Out-of-Network:
$50 per individual/$150 per family per Benefit Year
Deductible applies to Coverages B & C

MAXIMUM:
In-Network:
$1,500 per individual per Benefit Year*
$1,000 separate Orthodontic Lifetime Maximum for dependent children under age 19*
Out-of-Network:
$1,500 per individual per Benefit Year*
$1,000 separate Orthodontic Lifetime Maximum for dependent children under age 19*

DEPENDENTS: Dependent children are covered up to age 26

*** Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.**