

Delta Dental PPO (Point-of-Service)
Benefit Features for
Two – Nine Subscribers
Plan C

Delta Dental PPO (Point-of-Service) is a national point-of-service preferred provider organization administered by Delta Dental. You can go to any licensed dentist, but you could increase your benefits and lower your out-of-pocket costs by going to a PPO dentist. If you do not go to a PPO dentist, you will be covered by Delta Dental Premier, our carefully managed fee-for-service program. However, you might have to pay more.

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
CLASS I			
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).	100%	80%	80%
Emergency Palliative Treatment – Used to temporarily relieve pain.	100%	80%	80%
CLASS II			
Radiographs – X-Rays	80%	60%	60%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, fillings).	80%	60%	60%
Periodontal Prophylaxes – Teeth cleaning by a specialist.	80%	60%	60%
Simple Extractions – Non surgical extraction of one or more teeth.	80%	60%	60%
Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals).	0%	0%	0%
Periodontics – Used to treat diseases of the gums and supporting structures of the teeth.	0%	0%	0%
Other Oral Surgery – Dental surgery other than extractions.	0%	0%	0%
CLASS III			
Major Restorative Services – Used when teeth cannot be restored with another filling material (for example, crowns).	0%	0%	0%
Prosthodontics – Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	0%	0%	0%
Maximum payment – \$1,000 per person total per calendar year for Class I, Class II and Class III Benefits.			
Deductible – \$75 per person total per calendar year on Class II and Class III Benefits			

Customer Service toll-free number (800) 524-0149
www.deltadental.com

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.