



**Delta Dental PPO (Standard)  
Benefit Features for  
Two – Nine Subscribers  
Plan E**

Under Delta Dental PPO (Standard), Delta Dental's payment for covered services will be based on the PPO dentist schedule amount. You can go to any licensed dentist, but you could lower your out-of-pocket costs by going to a PPO dentist. PPO dentists agree to charge no more than the PPO schedule amount for covered services. If you go to a non-PPO dentist, you will be responsible for the difference between the dentist's submitted fee and the PPO schedule amount.

	<b>Plan Pays</b>	<b>You Pay</b>
<b>CLASS I</b>		
<b>Diagnostic and Preventive Services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).	80%	20%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	80%	20%
<b>CLASS II</b>		
<b>Radiographs</b> – X-Rays	80%	20%
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example, fillings).	60%	40%
<b>Periodontal Prophylaxes</b> – Teeth cleaning by a specialist.	60%	40%
<b>Simple Extractions</b> – Non surgical extraction of one or more teeth.	40%	60%
<b>Endodontics</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	40%	60%
<b>Periodontics</b> – Used to treat diseases of the gums and supporting structures of the teeth.	40%	60%
<b>Other Oral Surgery</b> – Dental surgery other than extractions.	40%	60%
<b>CLASS III</b>		
<b>Major Restorative Services</b> – Used when teeth cannot be restored with another filling material (for example, crowns).	40%	60%
<b>Prosthodontics</b> – Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	40%	60%
<b>Maximum payment</b> – \$1,000 per person total per <b>calendar</b> year for Class I, Class II and Class III Benefits.		
<b>Deductible</b> – \$75 per person total per <b>calendar</b> year on Class I, 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.