



2012 PPO Dental Basic Plan Option
Member Services # 1-800-932-0783 Group # 04811

Highlights	Delta Dental -- PPO Basic Dental Plan (Passive, no benefit steering)	
	Preferred Benefits In-Network Provider (Delta Dental PPO SM or Delta Dental Premier [®])	Non-Preferred Out-of-Network

Plan Deductible (per calendar year -- applies to all expenses except Type A expenses reimbursed at 100%)	Individual: \$100 Family: \$300	
Type A Expenses (Diagnostic and Preventive) Cleanings, Oral Exams, Office Visits, Fluoride, X-Rays and Space Maintainers, Sealants, Periapical X-Rays)	100% of applicable Allowed Amount, deductible waived	100% of applicable Allowed Amount, deductible waived
Type B Expenses (Basic Restorative Care) (Fillings, Periodontics, Simple Extractions, Endodontics, Restorations, Oral Surgery, Stainless Steel Crowns)	50% of applicable Allowed Amount, deductible applies	50% of applicable Allowed Amount, deductible applies
Type C Expenses (Major Restorative Care) (Crowns, Inlays, Onlays, Gold Fillings, Dentures, Bridgework, Crown-Lengthening & Core Build-Up)	No Coverage	No Coverage
Calendar Year Plan/Benefit Maximum (Integrated maximum for both In- and Out-of-Network Expenses)	\$1,000 per covered member Diagnostic and Preventive services are exempt from the maximum	
Implants	No Coverage	
Orthodontics	No Coverage	
Orthodontic Lifetime Maximum	\$0	
Orthodontia Eligibility	None	
Space Maintainer Eligibility	Employee and Dependents	
Fluoride Eligibility	Dependent Children to age 18	
Sealants Eligibility	Employee and Dependents	
Emergency benefit	Delta Dental enrollees and dependents are free to use any dentist anywhere. If a Delta Dental dentist is not available, out-of-network benefits may apply.	
Frequency of Exams, Cleanings and Bitewings	Two routine cleanings and exams per calendar year; bitewings once per calendar year	
Frequency for Sealants	Two per tooth per lifetime (first and second molars)	
Frequency of Fluoride Treatment	One treatment in any 12 consecutive months for dependents under age 18	
Frequency of full series of X-rays or a panoramic X-ray	Once every five years	
Missing Tooth Exclusion	Does not apply	
Alternate Course of Treatment	Applies	
Predetermination of Benefits	Recommended for services over \$300	
Eligibility	All employees	
Dependents Eligibility	Spouse, domestic partner, children from birth to the end of the month they reach 21 or to the end of the month they reach 25 if a full-time student	
Employee Active at Work Dependent Non-Confinement Rules	Does not apply	
Coordination of Benefits	Not to exceed submitted amount.	

To locate a Delta Dental dentist near you: <ul style="list-style-type: none"> • Log onto Delta Dental's website: www.deltadentalins.com • Click on the "Find a Dentist" link • Select your plan option (Delta Dental PPO or Delta Dental Premier). • Enter options such as state and ZIP code • Search for a dentist and link to a map with driving directions 	How you can save money: You'll save: <ul style="list-style-type: none"> • Most if you go to a Delta Dental PPO dentist. • Some if you go to a Delta Dental Premier dentist. • Least if you go to a non-participating dentist.
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2012 PPO Dental Comprehensive Plan Option
Member Services # 1-800-932-0783 Group # 04811

Highlights	Delta Dental -- PPO Comprehensive Dental Plan (Passive, no benefit steering)	
	Preferred Benefits In-Network Provider (Delta Dental PPO SM or Delta Dental Premier [®])	Non-Preferred Out-of-Network
Plan Deductible (per calendar year -- applies to all expenses except Type A expenses reimbursed at 100%)	Individual: \$50 Family: \$150	
Type A Expenses (Diagnostic and Preventive) Cleanings, Oral Exams, Office Visits, Fluoride, X-Rays and Space Maintainers, Sealants, Periapical X-Rays)	100% of applicable Allowed Amount, deductible waived	100% of applicable Allowed Amount, deductible waived
Type B Expenses (Basic Restorative Care) (Fillings, *Periodontics, Simple Extractions, *Endodontics, Emergency Palliative, Oral Surgery, Stainless Steel Crowns)	80% of applicable Allowed Amount, deductible applies	80% of applicable Allowed Amount, deductible applies
Type C Expenses (Major Restorative Care) (Crowns, Inlays, Onlays, Gold Fillings, Dentures, Bridgework, Crown-Lengthening & Core Build-Up)	50% of applicable Allowed Amount, deductible applies	50% of applicable Allowed Amount, deductible applies
Calendar Year Plan/Benefit Maximum (Integrated maximum for both In- and Out-of-Network Expenses)	\$2,000 per covered member Diagnostic, Preventive and Orthodontic services are exempt from the maximum	
Implants	50% of applicable Allowed Amount, deductible applies	
Orthodontics	50% of applicable Allowed Amount, deductible applies	
Orthodontic Lifetime Maximum	\$2,000	
Orthodontia Eligibility	Adults; Dependents to the end of the month they reach 21; Students to the end of the month they reach 25	
Space Maintainer Eligibility	Employee and Dependents	
Fluoride Eligibility	Dependent Children to age 18	
Sealants Eligibility	Employee and Dependents	
Emergency benefit	Delta Dental enrollees and dependents are free to use any dentist anywhere. If a Delta Dental dentist is not available, out-of-network benefits may apply.	
Frequency of Exams, Cleanings and Bitewings	Two routine cleanings and exams per calendar year; bitewings once per calendar year	
Frequency for Sealants	Two per tooth per lifetime (first and second molars)	
Frequency of Fluoride Treatment	One treatment in any 12 consecutive months for dependents under age 18	
Frequency of full series of X-rays or a panoramic X-ray	Once every five years	
Missing Tooth Exclusion	Does not apply	
Alternate Course of Treatment	Applies	
Predetermination of Benefits	Recommended for services over \$300	
Eligibility	All employees	
Dependents Eligibility	Spouse, domestic partner, children from birth to the end of the month they reach 21 or to the end of the month they reach 25 if a full-time student	
Employee Active at Work Dependent Non-Confinement Rules	Does not apply	
Coordination of Benefits	Not to exceed submitted amount	
	*The following services are payable as Type C and will not be covered as a Type B expense: Osseous surgery and molar root canals.	

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