

Delta Dental Individual & Family™

Delta Dental PPO™ Basic Plan for Families

Plan Highlights¹

Eligibility			
Primary enrollee, spouse or domestic partner, eligible dependent children up to age 26.			
Deductibles and Maximums			
Calendar Year Deductible	Per enrollee	\$50	
	Family	\$150	
Annual Maximum per Calendar Year	Per enrollee	\$1,000	
Orthodontic Deductible	Per enrollee	N/A	
Orthodontic Lifetime Maximum	Per enrollee	N/A	
Covered Services²		Delta Dental PPO dentists	Non-Delta Dental PPO dentists
Diagnostic and Preventive (D&P) Services Exams, cleanings, x-rays and sealants		100%	100%
Basic Services Fillings, emergency treatment to relieve pain		50%	50%
Periodontics Gum treatments		Not a benefit	
Prosthodontics Bridges, dentures, implants		Not a benefit	
Major Services Root canals, oral surgery, crowns, inlays, onlays, cast restorations		Not a benefit	
Orthodontics Adults and dependent children		Not a benefit	
Waiting Periods	D&P Services	None	
	Basic Services	6 months	
	Major Services	N/A	
	Orthodontics	N/A	

¹ Reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and is not intended or designed to replace or serve as the plan Policy. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan.

² Excluding applicable deductibles, amounts over plan maximums and non-covered services.