

# Delta Dental Summary of Benefits – Policy # 688540

## Client Benefits

*In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.*

Member Type: All	Benefit Member Type: All	Specialty Type: All
Standard Benefit		
Product: Delta Dental PPO plus Premier		
PPO Dentist, Premier Dentist, Nonparticipating Dentist		
Code Search: <input style="width: 100px;" type="text"/> <a href="#" style="background-color: #0056b3; color: white; padding: 2px 5px; border-radius: 3px;">FIND</a>	<b>Exclusions and Limitations</b>	<b>%</b>
		<b>Waiting Period</b>
▶ Diagnostic	☑	100*
▶ Preventive	☑	100*
▶ Bitewing Radiographs	☑	100
▶ All Other Radiographs	☑	100*
▶ Brush Biopsy		100
▶ Sealants	☑	100*
▶ Minor Restorative	☑	80*
▶ Major Restorative	☑	50*
▶ Endodontics		80*
▶ Periodontics	☑	50*
▶ Relines and Repairs		50*
▶ Simple Extractions		80
▶ Other Oral Surgery		80*
▶ TMD		Not Covered
▶ Other Basic Services	☑	80*
▶ Prosthodontics	☑	50*
▶ Implants	☑	50*
▶ Orthodontic Services		Not Covered

\* Not all procedure codes under this category are covered benefits.

**Red** indicates that not all procedure codes under this category are paid at the percentage indicated.

Click on ▶ to expand a category/subcategory to view.

**Optional** - An allowance may be made based on the fee for the customarily provided service. The patient will be responsible for the difference in cost for any optional treatment.

\* Services in this category require medical necessity.

**Orange** indicates service is only payable if medically necessary.

*Payment for crowns, bridges, full and partial dentures are based on the seat/delivery date of the permanent appliance.*

Maximums and Deductible							Accum Period Type: Calendar Year					
PPO Dentist												
Type	Category	Suffix	Name	Claim History Accumulator	Individual Amount	Family Amount	Max Carryover			Accum Period		
							Claims Threshold Amt	Carryover Benefit Amt	Max Carryover Benefit Amt	From	To	
Deductible	General	1402	All, except diagnostic, preventive, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontics	No	50.00	150.00					01/01/2020	12/31/2020
Maximum	General	1401	All, except cephalometric films, photos, diagnostic casts and orthodontics	No	1250.00						01/01/2020	12/31/2020

Maximums and Deductible							Accum Period Type: Calendar Year					
Premier Dentist												
Type	Category	Suffix	Name	Claim History Accumulator	Individual Amount	Family Amount	Max Carryover			Accum Period		
							Claims Threshold Amt	Carryover Benefit Amt	Max Carryover Benefit Amt	From	To	
Maximum	General	1401	All, except cephalometric films, photos, diagnostic casts and orthodontics	No	1250.00						01/01/2020	12/31/2020
Deductible	General	1402	All, except diagnostic, preventive, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontics	No	50.00	150.00					01/01/2020	12/31/2020

Maximums and Deductible							Accum Period Type: Calendar Year					
Nonparticipating Dentist												
Type	Category	Suffix	Name	Claim History Accumulator	Individual Amount	Family Amount	Max Carryover			Accum Period		
							Claims Threshold Amt	Carryover Benefit Amt	Max Carryover Benefit Amt	From	To	
Deductible	General	1402	All, except diagnostic, preventive, X-rays, sealants, cephalometric films, photos, diagnostic casts and orthodontics	No	50.00	150.00					01/01/2020	12/31/2020
Maximum	General	1401	All, except cephalometric films, photos, diagnostic casts and orthodontics	No	1250.00						01/01/2020	12/31/2020