

**CSEBO DENTAL INSURANCE
DELTA DENTAL COMPARISON
EFFECTIVE 1/1/2027 - 12/31/2027**



PLAN NAME		DELTA DENTAL PPO	
GENERAL PLAN INFORMATION		<u>DELTA DENTAL PPO PROVIDERS¹</u>	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
Calendar Year Annual Maximum		\$2,500	\$2,500
Incentive Levels			
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.		Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%
Diagnostic and Preventive Benefits		Incentive Level Coverage	
Prophylaxis (Cleaning) Treatments		Plan pays 100%; limited to 2 per calendar year ²	Plan pays 100%; limited to 2 per calendar year ²
Oral Examinations		Plan pays 100%; limited to 2 per calendar year ²	Plan pays 100%; limited to 2 per calendar year ²
Full-Mouth X-Rays		Plan pays 100%; limited to 1 per 36 months ²	Plan pays 100%; limited to 1 per 36 months ²
Bitewing X-Rays		Plan pays 100%; upon provider request, maximum of 2 per calendar year ²	Plan pays 100%; upon provider request, maximum of 2 per calendar year ²
Periodontal Scaling and Root Planing		Plan pays 100%; limited to 1 each quadrant every 24 months	Plan pays 100%; limited to 1 each quadrant every 24 months
Fluoride Treatments		Plan pays 100% limited to 2 per calendar year. ²	Plan pays 100% limited to 2 per calendar year. ²
Space Maintainers		Plan pays 100% ²	Plan pays 100% ²
Basic Benefits		Incentive Level Coverage	
Oral Surgery - Extractions		Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%
Oral Surgery - Other Surgical Procedures		Plan pays: 50-100% depending on procedure	Plan pays: 50-100% depending on procedure
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)		Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%



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Basic Benefits (continued)		Incentive Level Coverage	
	Endodontic Treatments	Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%
	Periodontic Treatment	Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%
	Sealants	Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.
Crowns, Inlays, Onlays and Cast Restoration Benefits		Incentive Level Coverage	
	Crowns, Inlays, Onlays and Cast Restoration	Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years	Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years
Prosthodontic Benefits		Incentive Level Coverage	
	Implants	Plan pays: 70%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years
	Removable - Partial Dentures, Full Dentures	Plan pays: 70%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years
	Fixed - Inlays, Onlays, Bridges	Plan pays: 70%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years
Orthodontia Benefits		Incentive Level Coverage	
	Limited Orthodontic Treatment	Not covered	Not covered
	Interceptive Orthodontic Treatment	Not covered	Not covered
	Comprehensive Orthodontic Treatment	Not covered	Not covered

¹Reimbursement to providers is based on the PPO contracted fee for PPO dentists. Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

²2 cleanings, exams and x-ray costs do not count towards the calendar year annual maximum.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

