



# Delta Dental Plan II B



With the PPO Plan, you can visit any dentist, but you pay less out-of-pocket when you choose an In-Network PPO dentist. If dental services are expected to exceed \$300, we encourage you to obtain a "pre-determination of benefits." Your dentist office can submit this request for you to the carrier prior to receiving services. This will give you an estimate of what your out-of-pocket costs will be in advance of having the procedure performed.

Visit [www.deltadentalins.com](http://www.deltadentalins.com) or call 866-499-3001 to find participating **PPO** providers.

## PLAN DESIGN

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. **The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year.** If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Benefits*	In-Network ** PPO dentists	Out-of-Network** Premier & Non-Delta Dentists
Calendar Year Maximum	\$2,200 per person per calendar year	\$2,000 per person per calendar year
Calendar Year Deductible	None	
	Plan Pays	Plan Pays
<b>Diagnostic &amp; Preventive</b> Exams, cleanings, x-rays	70% - 100%	70% - 100%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70% - 100%	70% - 100%
<b>Endodontics (root canals)</b> <b>Periodontics (gum treatment)</b> <b>Oral Surgery</b>	70% - 100%	70% - 100%
<b>Major Services</b> Crowns, inlays, onlays & cast restorations	70% - 100%	70% - 100%
<b>Prosthodontics</b> Bridges and dentures	50%	50%
<b>Dental Accident</b>	100% (separate \$1,000 max per person per calendar year)	100% (separate \$1,000 max per person per calendar year)
* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.		
** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.		

This is a summary of the most frequently asked about benefits. This chart does not explain benefits. Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the EOC (Evidence of Coverage).