

Delta Dental PPO Plan (Delta Dental DPPO)

Visit a dentist in the PPO network to maximize your savings. Network dentists have agreed to reduced fees and you won't get charged more than your expected share of the bill. If you cannot find a PPO network dentist, then Delta Dental Premier is your next-best option. Under this plan, you have freedom to visit any licensed dentist or specialist without a referral, however, Delta Dental dentists offer cost protections and convenient services. The Dental PPO Plan offers access to Delta Dental dentists and out-of-network benefits.

The DPPO dental plan will cover eligible dental expenses after you meet any applicable waiting periods and meet any deductibles. The plan is based on coinsurance levels that determine the percentage of costs covered by the plan for different types of services.

Procedure	Network	Out-of-network
Deductible (per person)	\$50 (maximum of \$150)	\$50 (maximum of \$150)
Annual maximum benefit (per person)*	\$2,000	\$2,000
Preventive	100%, no deductible	100%, no deductible
<ul style="list-style-type: none"> • 2 cleanings per calendar year • 2 exams per calendar year • 2 fluoride treatments per calendar year for dependent children under age 19 • Full mouth X-rays: 1 per 60 months • Bitewing X-rays: 1 set per calendar year for adults; 2 per calendar year per child to age 18 		
Basic restorative	80% after deductible	80% after deductible
<ul style="list-style-type: none"> • Fillings • Extractions • Oral surgery • Periodontal treatment • Endodontics: Root canal • General anesthesia: In conjunction with covered oral surgery, and select endodontic and periodontic procedures 		
Major restorative	50% after deductible	50% after deductible
<ul style="list-style-type: none"> • Benefits begin after 6 months of coverage • Crowns • Denture and bridges • Implants 		
Orthodontia	50% after lifetime deductible	50% after lifetime deductible
<ul style="list-style-type: none"> • Benefits begin after 12 months of coverage; orthodontic lifetime deductible and maximum (per person) 	\$1,750	\$1,750

*Diagnostic and preventive services do not count toward the annual maximum