

DELTA DENTAL PPO

DELTACARE DHMO (AVAILABLE IN CA ONLY)

Member Services	(800) 777-5854	(800) 422-4234
Website	deltadentalins.com/llns	deltadentalins.com/llns
Network	Any licensed dentist; Delta Dental PPO Dentist provides higher benefit level	DeltaCare USA network of dentists
Annual Deductible: Individual/Family	In Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care	\$0 Individual; \$0 Family
	Out of Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care	Not applicable
Annual Maximum Coverage Per Person	Delta Dental PPO Dentist - \$1,700	Not applicable
	Non Delta Dental PPO Dentist - \$1,500	Not applicable
Preventive Care Benefits	In Network - 100% covered; sealants 80% covered	\$0-\$45 copays
	Out of Network - 100% covered; sealants 75% covered	Not applicable
Annual Service Limits Preventive Care	In Network Cleaning: 2 per calendar year* Exams: 2 exams of any type per calendar year * 3rd cleaning per calendar year provided for pregnant women	Cleaning and fluoride, one per 6 month Period, child to age 19
	Out of Network - same as in network	Not applicable
Basic Services (Including fillings, routine extractions, endodontics, Periodontics)	In Network - 80% covered after deductible is met	100% covered; for standard benefit; Copay for endodontics, periodontics
	Out of Network - 75% covered after deductible is met	Not applicable
Major Services (Including crowns, bridges, Implants, dentures)	In Network - 50% covered after deductible is met	Copay applies
	Out of Network - 50% covered after deductible is met	Not applicable
Orthodontia Benefits	In Network - 50% covered	\$1,700 - Child; \$1,900 Adult; \$100 Start Up Fee
	Out of Network - 50% covered	Not applicable
Service Limits and Maximums-- Orthodontia	In Network - Limited to \$2,000 per lifetime for dependent children and adults	Check with plan
	Out of Network - Limited to \$2,000 per lifetime for dependent children and adults	Not applicable