

**Plan Benefit Highlights for:** Benefit Fund Hospital & Health Care Employees

**Group No:** 20380

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26		
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$50 per person / \$150 per family each plan year		
	Yes		
<b>Maximums</b> D & P counts toward maximum?	\$1,500 per person each plan year		
	Yes		
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Orthodontics None
<b>Orthodontic Benefits</b>	Are a covered benefit for Adults and children		
<b>Orthodontic Maximums</b>	\$1,250 Lifetime		

†The **Delta Dental PPO<sup>SM</sup> Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

Sample Benefits and Covered Services*	Copayments** (Amount Members will Pay)	Table Allowance† (Amount Delta Dental Will Pay)
	Delta Dental PPO dentists	Non-Delta Dental PPO dentists
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b>	D0120 Periodic oral exam – established patient: \$6 D0272 Bitewings (two diagnostic images): \$5 D1110 Prophylaxis (cleaning): \$11	D0120 Periodic oral exam – established patient: \$25 D0272 Bitewings (two diagnostic images): \$21 D1110 Prophylaxis (cleaning): \$46
<b>Basic Services</b>	D2150 Amalgam fillings, two surfaces – primary or permanent: \$34 D2160 Amalgam fillings, three surfaces – primary or permanent: \$42	D2150 Amalgam fillings, two surfaces – primary or permanent: \$49 D2160 Amalgam fillings, three surfaces – primary or permanent: \$58
<b>Endodontics</b>	D3310 Root canal, (anterior – excluding final restoration): \$293	D3310 Root canal, (anterior – excluding final restoration): \$145
<b>Periodontics</b>	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$95	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$52
<b>Oral Surgery</b>	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$56	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$29
<b>Major Services</b>	D2750 Crown; porcelain fused to high noble metal: \$439 D5110 Complete denture – maxillary: \$598	D2750 Crown; porcelain fused to high noble metal: \$264 D5110 Complete denture – maxillary: \$88

\* Limitations or waiting periods may apply for some benefits; some services may be excluded.

\*\* Fees are based on PPO Contracted fees for PPO dentists.

† Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

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**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.