

**Delta Dental PPO plus Premier**

**Schedule of Benefits for Ditta Enterprises**

**Effective Date:** 09/01/2022 12:01 a.m. Central Standard Time

**Group Number:** 6347

**Deductible:** Applies to Basic Restorative and Major Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Individual	\$50	\$50
Family	\$150	\$150

**Annual and Lifetime Maximum Payment:** The annual maximum amount applies to Diagnostic and Preventative Services, Basic Restorative Services and Major Restorative Services per benefit period.

	Premier and PPO In Network	Out-of-Network
Annual Individual	\$1,750	\$1,750

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31<sup>st</sup> of each year.

**Dependent Age Limit:** To the end of the month year in which the child reaches age 26.

**Coverages and Maximum Plan Allowances (MPA)**

**Coverage A – Diagnostic and Preventative Services**

**Premier In Network 100% MPA**

**PPO In Network 100% MPA**

**Out-Of-Network 90% MPA**

- Routine periodic and specialty evaluations are Covered Services up to two (2) time(s) in any Calendar Year. This is inclusive of an initial, oral evaluation.
- Prophylaxis (Cleaning) is a Covered Service up to two (2) time(s) per Calendar Year. (\*Please see information on Evidence Based Dentistry)
- Sealants are Covered Services for Eligible Dependents prior to age sixteen (16) one (1) time per sixty (60) consecutive month period]
- Topical application of fluoride is a Covered Service one (1) time per Calendar Year for Eligible Dependents prior to age nineteen (19).
- A Caries Risk Assessment is a Covered Service once every twelve (12) months for Eligible Dependents to age three (3) to nineteen (19).
- Application of silver diamine fluoride is a Covered Service two (2) times in a Calendar Year, per tooth.
- Bitewing x-rays are Covered Services as required in any Calendar Year.
- Bitewing x-rays are limited to two (2) films in any single visit for children under the age of ten (10).
- Periapical x-rays are Covered Services as required in any Calendar Year.
- A full mouth series x-ray or panoramic x-ray is a Covered Service one (1) time within any sixty (60) consecutive month period.
- A space maintainer is a Covered Service when used to replace prematurely lost or extracted teeth for Eligible Dependents prior to age fourteen (14).
- A space maintainer is a Covered Service up to one (1) space per lifetime.

The terms of the Certificate, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the Certificate, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, the Certificate along with any amendments or endorsements issued by DDAR governs.

### **Coverage B – Basic Restorative Services**

**Premier In Network 80% MPA**

**PPO In Network 80% MPA**

**Out-Of-Network 72% MPA**

- Palliative treatment is a Covered Service once per visit as long as no other procedures, except for x-rays, exams, or any diagnostic service, are performed on the same date.
- Restorative benefits (fillings) are Covered Services once per surface, per tooth in a twenty-four (24) month period.
- Simple extractions.

### **Coverage C – Major Restorative Services**

**Premier In Network 50% MPA**

**PPO In Network 50% MPA**

**Out-Of-Network 45% MPA**

- Crowns, inlays, onlays, and veneers are Covered Services for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Stainless Steel Crowns used as a restoration to natural teeth are Covered Services for Eligible Dependent(s) to age sixteen (16) when the teeth cannot be restored with a filling material.
- Non-surgical periodontics.
- Periodontal Maintenance is a Covered Service up to two (2) per Calendar Year following active periodontal treatment. (\*Please see information on Evidence Based Dentistry)
- Surgical periodontics.
- Endodontics, including pulpal therapy and root canal filling.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.
- Endosteal implants are Covered Services once in a lifetime per tooth.
- Prosthodontics, including procedures for construction of fixed bridges, full or partial dentures, and repair of fixed bridges.

**The benefit allowance for covered services performed by non-participating providers will be reduced by 10% as determined by Delta Dental after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose a non-participating provider.**

**(\*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.**

***Questions? Contact Delta Dental's Customer Service Department at (844)368-6484.***

***Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com)***

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