

**CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2023 - 12/31/2023**



PLAN NAME		DELTA DENTAL PPO ¹	
GENERAL PLAN INFORMATION		IN-NETWORK	OUT-OF-NETWORK
Calendar Year Annual Maximum		\$2,200	\$2,000
Incentive Levels			
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.		Plan pays: 70/80/90/100%	Plan pays: 70/80/90/100%
Diagnostic and Preventive Benefits		Incentive Level Coverage	
Prophylaxis (Cleaning) Treatments	Plan pays: 70/80/90/100%; limited to 2 per calendar year ²	Plan pays: 70/80/90/100%; limited to 2 per calendar year ²	
Oral Examinations	Plan pays: 70/80/90/100%; limited to 2 per calendar year ²	Plan pays: 70/80/90/100%; limited to 2 per calendar year ²	
Full-Mouth X-Rays	Plan pays: 70/80/90/100%; limited to 1 per 36 months ²	Plan pays: 70/80/90/100%; limited to 1 per 36 months ²	
Bitewing X-Rays	Plan pays: 70/80/90/100%; upon provider request, maximum of 2 per calendar year ²	Plan pays: 70/80/90/100%; upon provider request, maximum of 2 per calendar year ²	
Periodontal Scaling and Root Planing	Plan pays: 70/80/90/100%; limited to 1 each quadrant every 24 months	Plan pays: 70/80/90/100%; limited to 1 each quadrant every 24 months	
Fluoride Treatments	Plan pays: 70/80/90/100% limited to 2 per calendar year ²	Plan pays: 70/80/90/100% limited to 2 per calendar year ²	
Space Maintainers	Plan pays: 70/80/90/100% ²	Plan pays: 70/80/90/100% ²	
Basic Benefits		Incentive Level Coverage	
Oral Surgery - Extractions	Plan pays: 70/80/90/100%; limited to once per tooth per lifetime	Plan pays: 70/80/90/100%; limited to once per tooth per lifetime	
Oral Surgery - Other Surgical Procedures	Plan pays: 50-100% depending on procedure	Plan pays: 50-100% depending on procedure	

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Basic Benefits (continued)		Incentive Level Coverage	
Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings)	Plan pays: 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	Plan pays: 70/80/90/100%; limited to once per surface, per tooth within a 2 year period	
Endodontic Treatments	Plan pays: 70/80/90/100%; limitations apply	Plan pays: 70/80/90/100%; limitations apply	
Periodontic Treatment	Plan pays: 70/80/90/100%; limitations apply	Plan pays: 70/80/90/100%; limitations apply	
Sealants	Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14.	
Crowns, Inlays, Onlays and Cast Restoration Benefits		Incentive Level Coverage	
Crowns, Inlays, Onlays and Cast Restoration	Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years	Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years	
Prosthodontic Benefits		Incentive Level Coverage	
Implants	Plan pays: 50%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years	
Removable - Partial Dentures, Full Dentures	Plan pays: 50%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years	
Fixed - Inlays, Onlays, Bridges	Plan pays: 50%; limited to once every 5 years	Plan pays: 50%; limited to once every 5 years	
Orthodontia Benefits		Incentive Level Coverage	
Coverage Eligibility	Child Only	Child Only	
Coverage Percentage	Plan pays: 50%	Plan pays: 50%	
Lifetime Individual Maximum	Plan pays: \$500	Plan pays: \$500	

¹Reimbursement to providers is based on the PPO contracted fee for PPO dentists. Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

²Cleanings, Exams and X-ray costs do not count towards the calendar year annual maximum.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.