

**CSEBO DENTAL INSURANCE  
DELTA DENTAL PPO  
EFFECTIVE 1/1/2024 - 12/31/2024**



PLAN NAME		DELTA DENTAL PPO <sup>1</sup>	
GENERAL PLAN INFORMATION		IN-NETWORK	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
<b>Calendar Year Annual Maximum</b>		\$3,000	\$3,000
<b>Incentive Levels</b>			
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%
<b>Diagnostic and Preventive Benefits</b>		<b>Incentive Level Coverage</b>	
Prophylaxis (Cleaning) Treatments	Plan pays: 100%; limited to 2 per calendar year <sup>2</sup>	Plan pays: 100%; limited to 2 per calendar year <sup>2</sup>	
Oral Examinations	Plan pays: 100%; limited to 2 per calendar year <sup>2</sup>	Plan pays: 100%; limited to 2 per calendar year <sup>2</sup>	
Full-Mouth X-Rays	Plan pays: 100%; limited to 1 per 36 months <sup>2</sup>	Plan pays: 100%; limited to 1 per 36 months <sup>2</sup>	
Bitewing X-Rays	Plan pays: 100%; upon provider request, maximum of 2 per calendar year <sup>2</sup>	Plan pays: 100%; upon provider request, maximum of 2 per calendar year <sup>2</sup>	
Periodontal Scaling and Root Planing	Plan pays: 100%; limited to 1 each quadrant every 24 months	Plan pays: 100%; limited to 1 each quadrant every 24 months	
Fluoride Treatments	Plan pays: 100% limited to 2 per calendar year <sup>2</sup>	Plan pays: 100% limited to 2 per calendar year <sup>2</sup>	
Space Maintainers	Plan pays: 100% <sup>2</sup>	Plan pays: 100% <sup>2</sup>	
<b>Basic Benefits</b>		<b>Incentive Level Coverage</b>	
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	

<sup>1</sup>Reimbursement 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.

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

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GENERAL PLAN INFORMATION	IN-NETWORK	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
<b>Basic Benefits (continued)</b>	<b>Incentive Level Coverage</b>	
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.
<b>Crowns, Inlays, Onlays and Cast Restoration Benefits</b>	<b>Incentive Level Coverage</b>	
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
<b>Prosthodontic Benefits</b>	<b>Incentive Level Coverage</b>	
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
<b>Orthodontia Benefits</b>	<b>Incentive Level Coverage</b>	
Coverage Eligibility	Child Only	Child Only
Coverage Percentage	Plan pays: 50%	Plan pays: 50%
Lifetime Individual Maximum	\$3,000	\$3,000

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<sup>2</sup>Cleanings, 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.