

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



PLAN NAME		DELTA DENTAL PPO <sup>1</sup>	
GENERAL PLAN INFORMATION		DELTA DENTAL PPO PROVIDERS	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
<b>Calendar Year Annual Maximum</b>			
		\$2,500	\$2,500
<b>Incentive Levels</b>			
Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%.		70/80/90/100%	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>	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>	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>	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>	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	Plan Pays 100%; limited to 1 each quadrant every 24 months
Fluoride Treatments	Plan Pays 100% limited to 4 per calendar year. <sup>2</sup>	Plan Pays 100% limited to 4 per calendar year. <sup>2</sup>	Plan Pays 100% limited to 4 per calendar year. <sup>2</sup>
Space Maintainers	Plan Pays 100% <sup>2</sup>	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	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	Plan Pays 50-100% depending on procedure
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	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	Plan Pays 70/80/90/100%; limitations apply



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GENERAL PLAN INFORMATION		DELTA DENTAL PPO PROVIDERS	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
<b>Basic Benefits (continued)</b>		<b>Incentive Level Coverage</b>	
Periodontic Treatment	Plan Pays 70/80/90/100%; limitations apply	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.	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	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years
<b>Prosthetic Benefits</b>		<b>Incentive Level Coverage</b>	
Removable - Partial Dentures, Full Dentures	Plan Pays 50%; limited to once every 5 years	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	Plan Pays 50%; limited to once every 5 years
<b>Orthodontia Benefits</b>		<b>Incentive Level Coverage</b>	
Coverage Eligibility	Adults and Children	Adults and Children	Adults and Children
Coverage Percentage	50%	50%	50%
Lifetime Individual Maximum	\$3,000	\$3,000	\$3,000

<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>2 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.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: <http://www.csebo.net/Resources/Uniform-Glossary>.

