

# Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: St. Mary Parish School Board  
Group Number: 22073

Effective Date: 1/1/2023

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
<b>Maximums***</b> Per member each calendar year	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings, Simple Extractions and Denture Repair/Reline/Rebase	80%	80%	80%
<b>Endodontics</b> Root Canals	80%	80%	80%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	80%	80%	80%
<b>Oral Surgery</b>	80%	80%	80%
<b>Major Services</b> Crowns, Inlays, Onlays, Cast Restorations and Implants	50%	50%	50%
<b>Prosthodontics</b> Bridges and Dentures	50%	50%	50%
<b>Orthodontic Services</b> Adults and Dependent Children	50%	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

\*\*\* Maximum Enhancement – Up to \$250 of the unused Annual Maximum from the preceding benefit year to a cumulative total of \$1,000.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651 deltadentalins.com	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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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.

## MONTHLY RATE:

Employee Only: \$37.45/month  
Employee + Dependents: \$98.89/month

Revised 10/18/2022