

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2025 - 12/31/2025



PLAN NAME		DELTA DENTAL PPO ¹	
GENERAL PLAN INFORMATION		DELTA DENTAL PPO PROVIDERS	PREMIER & NON-DELTA DENTAL PPO PROVIDERS
Calendar Year Annual Maximum		\$2,500	\$2,500
Incentive Levels			
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%
Diagnostic and Preventive Benefits		Incentive Level Coverage	
Prophylaxis (Cleaning) Treatments		Plan Pays 100%; limited to 2 per calendar year ²	Plan Pays 100%; limited to 2 per calendar year ²
Oral Examinations		Plan Pays 100%; limited to 2 per calendar year ²	Plan Pays 100%; limited to 2 per calendar year ²
Full-Mouth X-Rays		Plan Pays 100%; limited to 1 per 36 months ²	Plan Pays 100%; limited to 1 per 36 months ²
Bitewing X-Rays		Plan Pays 100%; upon provider request, maximum of 2 per calendar year ²	Plan Pays 100%; upon provider request, maximum of 2 per calendar year ²
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 4 per calendar year. ²	Plan Pays 100% limited to 4 per calendar year. ²
Space Maintainers		Plan Pays 100% ²	Plan Pays 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
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



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Basic Benefits (continued)		Incentive Level Coverage	
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	
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		Adults and Children	Adults and Children
Coverage Percentage		50%	50%
Lifetime Individual Maximum		\$3,000	\$3,000

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.

²2 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>.

