Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Easton Area School District
Group No: 21024

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Deductibles	None		
Maximums	**Delta Dental PPO dentists:** $1,750 per person each plan year **Non-Delta Dental PPO dentists:** $1,500 per person each plan year		
D & P counts toward maximum?	Yes		
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics N/A

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and denture repairs/ reline/rebase	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, onlays and cast restorations	80 %	80 %
Prosthodontics Bridges and dentures	0 %	0 %

* 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.

Delta Dental of Pennsylvania	Customer Service	Claims Address
One Delta Drive Mechanicsburg, PA 17055	800-932-0783	P.O. Box 2105 Mechanicsburg, PA 17055-6999

deltadentalins.com

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.