

CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2026 - 12/31/2026



PLAN NAME		DELTA DENTAL PPO ¹	
GENERAL PLAN INFORMATION		<u>DELTA DENTAL PPO PROVIDERS¹</u>	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	

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Basic Benefits (continued)		Incentive Level Coverage	
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
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.
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	Plan Pays 70/80/90/100%; service on the same tooth only once every 5 years
Prosthodontic Benefits		Incentive Level Coverage	
Implants	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
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
Nightguards		Incentive Level Coverage	
Coverage Percentage	Plan Pays 100%; limited to once per lifetime	Plan Pays 100%; limited to once per lifetime	Plan Pays 100%; limited to once per lifetime
Lifetime Individual Maximum	\$500	\$500	\$500
Orthodontia Benefits		Incentive Level Coverage	
Coverage Eligibility	Not Covered	Not Covered	Not Covered

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>.