	Delta Dental PPO Premium Plan	Dental Indemnity Plan
	Incentive Plan: Coverage begins at 70% and may increase by 10% each year, up to 100%, when the enrollee visits a dentist at least once during the year. If the plan is not used during the calendar year, the percentage remains at the previously earned level. If eligibility is lost and later regained, coverage returns to 70%.	Indemnity Plan: Benefits are paid at the stated percentage based on Usual, Customary and Reasonable (UCR) charges for the provider's geographic area. There is no designated provider network.
Deductibles	None	None
Maximums	PPO Dentists: $3,200/person per calendar year Non-Delta Dentists: $3,000/person per calendar year	$2,500/person per calendar year
Benefits & Covered Services*	Delta Dental PPO Dentists Non-Delta Dental PPO Dentists**	Any Licensed Dentist
Diagnostic & Preventative Services - Exams, cleanings & x-rays - # of cleanings	70-100% (Does not apply to Calendar Year Maximum) 3	100% (Applies to Calendar Year Maximum) 2
Basic Services - Fillings and sealants	70-100%	100%
Endodontics (root canals) - Covered under Basic Services	70-100%	100%
Periodontics (gum treatment) - Covered under Basic Services	70-100%	100%
Oral Surgery - Covered under Basic Services	70-100%	100%
Major Services - Crowns, onlays, & cast restorations	70-100%	90%
Prosthodontics - Bridges & dentures	50%	90%
Implant Benefits	60%	Not Listed
Implant Maximum	$6,000 per calendar year	N/A
Occlusal Guard Benefits	50%	50%
Occlusal Guard Maximums	$500 Lifetime	$500 Lifetime
Orthodontic Benefits	Adults and Dependent Children 100%	Adults and Dependent Children 100%
Orthodontic Maximums	$5,000 Lifetime	$2,000 Lifetime
Dental Accident Benefits	100% (Separate $1,000 maximum per person per calendar year)	100% (Separate $1,000 maximum per person per calendar year)
2027 Rates **Employee Only** **Two-Party** **Family**	**2027 Rates** $69.88 $139.75 $236.25	**2027 Rates** $73.37 $146.74 $248.06

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

**Reimbursement is based on PPO contracted fees for PPO dentists, Preimer contracted fees for Premier dentists and program allowance for non-Dental Dental dentists.

Disclaimer: The information described on this page is only intended to be a summary of your plan benefits. If the information on this page conflicts in any way with the Group Contract Agreement, the contract provisions of the appropriate policy or plan document will prevail.