

## DELTA DENTAL—PPO INCENTIVE PLAN

### Benefit Summary and 2019–2020 Monthly Rates

Services	In-Network	Out-Of-Network	
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
	When using a PPO contracted dentist, the annual maximum will be <b>increased by \$200</b> .	When using a Delta Premier contracted dentist, Delta will pay up to the Annual Maximum elected by the district or bargaining unit.	When using a non-Delta Dentist, Delta will pay Usual, Customary and Reasonable (UCR) Charges, up to the Annual Maximum elected by the district or bargaining unit.
<b>Diagnostic and Preventive</b> Exams, X-rays, Cleanings	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
<b>Other Basic Services</b> Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
<b>Crowns</b> Crowns, Jackets and Cast Restorations	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% 1st year 80% 2nd year 90% 3rd year 100% 4th year and after	70% UCR 1st year 80% UCR 2nd year 90% UCR 3rd year 100% UCR 4th year and after
<b>Prosthodontics</b> Dentures, Bridges, and Implants**	50%	50%	50% UCR

\*\*If the plan has an unlimited annual maximum, members will receive 60% coverage for Prosthodontics when using a PPO dentist and 50% for a Non-PPO dentist.

## DELTA DENTAL PPO PLANS

### Benefit Summary and 2019–2020 Monthly Rates

Services	In-Network	Out-of-Network	
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
<b>Annual Deductible</b>	No deductible	\$25 per member \$75 per family	\$25 per member \$75 per family
<b>Annual Maximum</b>	Plan maximum selected by district	Limited to \$1,000 regardless of plan maximum	Limited to \$1,000 regardless of plan maximum
<b>Basis of Payment</b>	Participating Fee Allowance	Participating Fee Allowance	Usual, Customary and Reasonable
<b>Diagnostic and Preventive</b> Exams, X-rays, Cleanings	100%	50%	50%
<b>Other Basic Services</b> Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	50%	50%
<b>Crowns</b> Crowns, Jackets and Cast Restorations	100%	50%	50%
<b>Prosthodontics</b> Dentures, Bridges, and Implants**	50%	50%	50%

\*\* The Unlimited Plan choice has an annual \$2,000 in-network maximum for dental implants. Out-of-network coverage on implants is limited to 50% up to \$1,000.