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 **increased by $200**.	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.
Diagnostic and Preventive 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
Other Basic Services 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
Crowns 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
Prosthodontics 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**
Annual Deductible	No deductible	$25 per member $75 per family	$25 per member $75 per family
Annual Maximum	Plan maximum selected by district	Limited to $1,000 regardless of plan maximum	Limited to $1,000 regardless of plan maximum
Basis of Payment	Participating Fee Allowance	Participating Fee Allowance	Usual, Customary and Reasonable
Diagnostic and Preventive Exams, X-rays, Cleanings	100%	50%	50%
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	50%	50%
Crowns Crowns, Jackets and Cast Restorations	100%	50%	50%
Prosthodontics 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.*