

Plan 2

Plan Benefit Highlights for: Cherry Valley-Springfield Teachers

Group No: 10504

Eligibility	Primary enrollee, spouse and eligible dependent children to age 19 or to age 25 if a full-time student			
Deductibles	None			
Maximums	Unlimited			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Table Allowance** (Amount Delta Dental Will Pay)
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: \$12 D0272 Bitewings (two diagnostic images): \$13 D1110 Prophylaxis (cleaning): \$21
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: \$27 D2160 Amalgam fillings, three surfaces – primary or permanent: \$36
Endodontics	D3310 Root canal, (anterior – excluding final restoration): \$120
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$25
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$20
Major Services	D2750 Crown; porcelain fused to high noble metal: \$245
Prosthodontics	D5110 Complete denture – maxillary: \$250
Orthodontic Benefits to age 19	<u>D8999 Orthodontic Full Banded Cases</u> Initial exam and diagnosis (1 every 5 years-includes examination, study models, x-rays and photographs): \$75 Active treatment, including appliances: \$37.50/mo Retentive treatment – 10 visits: \$7.50/Visit Surgical exposure of impacted or unerupted tooth for orthodontic reasons: \$50 Surgical exposure of impacted or unerupted tooth for aid eruption: \$50

* 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.

** Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

Delta Dental of New York
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Customer Service
800-932-0783

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Mechanicsburg, PA 17055-6999

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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.

HLT_PPO_2COL_DDP (Rev. 11/10/2020)

DELTA DENTAL PPOSM
BENEFIT HIGHLIGHTS