

Plan 1

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 fulltime student			
Deductibles	None			
Maximums	\$1,500 per person each plan year			
Diagnostic & Preventive (D & P) counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists**		Non-Delta Dental PPO dentists**	
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %		100 %	
Basic Services Filling	70 %		70 %	
Endodontics (root canals) Covered Under Basic Services	70 %		70 %	
Oral Surgery Covered Under Basic Services	70 %		70 %	
Benefits and Covered Services*	Table Allowance*** (Amount Delta Dental Will Pay)			
Major Services	D2750 Crown; porcelain fused to high noble metal: \$245			
Prosthodontics	D5110 Complete denture – maxillary: \$250			
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$25			
Orthodontic Benefits to age 19	D8999 Orthodontic Full Banded Cases 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			
Orthodontic Maximums	\$ 1,350 Lifetime		\$ 1,350 Lifetime	

* 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.

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

*** 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 One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 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.

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DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS