

# Delta Dental Plan

You have a choice of two dental options. The Basic Plan covers preventive, basic, and major services. The Comprehensive Plan covers preventive, basic, major, orthodontic services and Implants.

## Find a Delta Dentist

It is easy to find a Delta Dental dentist in your area. You can access their website for participating providers at [deltadentalins.com](http://deltadentalins.com) and select Delta Dental PPO or Premier Network. You will have access to both.

## Summary of Dental Plan Benefits

This summarizes the dental coverage you are eligible to purchase as an employee if you are scheduled to work at least 15 hours per week. See premium section of this guide for information on per-pay-period dental plan deductions from your paycheck.

## Annual Deductible

\$50 per individual; maximum not to exceed \$150 per family

Basic Dental Plan		
PREVENTIVE 100% of Fee Schedule, No Deductible	BASIC 80% of Fee Schedule After Annual Deductible Met	MAJOR 50% of Fee Schedule After Annual Deductible Met
<b>Preventive and Diagnostic (2 per calendar year)</b> <ul style="list-style-type: none"> <li>• Prophylaxis</li> <li>• Fluoride for children</li> <li>• Routine examinations</li> <li>• Bitewing and full-mouth X-rays</li> <li>• Sealants</li> </ul>	<b>Basic Restoration</b> <ul style="list-style-type: none"> <li>• Other X-rays</li> <li>• Fillings</li> <li>• Extractions**</li> <li>• Oral surgery**</li> <li>• General anesthesia*</li> <li>• Endodontics</li> <li>• Periodontics*</li> <li>• Root canal therapy</li> </ul>	<b>Major Restorative***</b> <ul style="list-style-type: none"> <li>• Full dentures</li> <li>• Partial dentures</li> <li>• Fixed bridgework</li> <li>• Crowns</li> <li>• Inlays</li> <li>• Repairs and replacements of all above services</li> </ul>
	20% co-payment by the employee	50% co-payment by the employee
Calendar year maximum \$1,500 per individual		

Comprehensive Dental Plan			
PREVENTIVE 100% of Fee Schedule, No Deductible	BASIC 80% of Fee Schedule After Annual Deductible Met	MAJOR 50% of Fee Schedule After Annual Deductible Met	ORTHODONTICS AND IMPLANTS 50% of Fee Schedule, No Deductible
<b>Preventive and Diagnostic (2 per calendar year)</b> <ul style="list-style-type: none"> <li>• Prophylaxis</li> <li>• Fluoride for children</li> <li>• Routine examinations</li> <li>• Bitewing and full-mouth X-rays</li> <li>• Sealants</li> </ul>	<b>Basic Restoration</b> <ul style="list-style-type: none"> <li>• Other X-rays</li> <li>• Fillings</li> <li>• Extractions**</li> <li>• Oral surgery**</li> <li>• General anesthesia*</li> <li>• Endodontics</li> <li>• Periodontics*</li> <li>• Root canal therapy</li> </ul>	<b>Major Restorative***</b> <ul style="list-style-type: none"> <li>• Full dentures</li> <li>• Partial dentures</li> <li>• Fixed bridgework</li> <li>• Crowns</li> <li>• Inlays</li> <li>• Repairs and replacements of all above services</li> </ul>	<b>Teeth Straightening</b> <ul style="list-style-type: none"> <li>• Any service that attempts to alter occlusion or alignment of the teeth</li> <li>• Night guard</li> <li>• Treatment for bruxism</li> </ul>
	20% co-payment by the employee	50% co-payment by the employee	50% co-payment by the employee
Calendar year maximum \$1,500 per individual			Orthodontics: \$1,500 individual lifetime maximum Dental Implants: limit-1 every five years

\* Limited benefit

\*\* Some services may be payable under medical plan.

\*\*\* Reimbursement level could be dependent on pre-existing condition.

Please refer to the CRC for more detailed dental plan information.

**VPlan Benefit Highlights for:** Lehigh Valley Health Network

**Group No:** 20208

**Effective Date:** 1/1/2020

**DELTA DENTAL PPO<sup>SM</sup>**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	\$50 per person / \$150 per family each calendar year			
	Yes			
<b>Maximums</b> D & P counts toward maximum?	\$1,500 per person each calendar year			
	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Basic Plan</b>		<b>Comprehensive Plan</b>	
	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Delta Dental PPO dentists<sup>†</sup></b>	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Delta Dental PPO dentists<sup>†</sup></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %	50 %	50 %
<b>Implant Benefits</b>	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,500 Lifetime	\$1,500 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

**BENEFIT HIGHLIGHTS**

<b>Delta Dental of Pennsylvania</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 800-932-0783	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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**deltadentalins.com**

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.