

## ROSS IES

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**Delta Dental PPO Plus Premier** allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. Members who choose a Delta Dental Premier network provider cannot be balance billed.

<b>Effective Date</b>	January 1, 2025
<b>Benefit Period</b>	Calendar Year
<b>Dependent Age Limit</b>	up to age 26

	Provider Network		
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
Diagnostic & Preventive Services <i>(not subject to deductible)</i>			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services <i>(not subject to deductible)</i>			
Orthodontic Services	50%	50%	50%
Orthodontic Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000
Orthodontic Services Age Limit	up to age 26		
Deductible & Annual Maximum			
Deductible (individual/family)	\$50/\$150	\$50/\$150	\$50/\$150
Annual Maximum (per person)	\$1,000	\$1,000	\$1,000
D&P Plus Benefit	Diagnostic & Preventive services costs are not deducted from the members annual maximum.		

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible and non-covered charges. Dentists who have signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.

## Frequencies & Limitations

- » Oral exams (including evaluations by a specialist) are payable 2 times per benefit period. Limited oral evaluations for a specific problem or complaint are also payable 2 times in the same benefit period.
- » Prophylaxes (cleanings) are payable 2 times per benefit period. 2 additional periodontal maintenance procedures are payable per benefit period for individuals with a documented history of periodontal disease. Full mouth debridement is payable once per lifetime.
- » Fluoride treatments are payable 1 time per benefit period for people age 18 and under.
- » Space maintainers are payable 1 time per area per lifetime for people age 13 and under.
- » Bitewing X-rays are payable 1 time per benefit period and full mouth X-rays (which include bitewing X-rays) are payable 1 time in any 5-year period.
- » Sealants are payable 1 time per tooth per 2-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- » Payment for crowns are payable 1 time per tooth in any 5-year period. Stainless steel crowns are payable 1 time per tooth in any 2-year period on primary teeth only.
- » Composite resin (white) restorations are payable on posterior teeth.
- » Root canal treatment is inclusive of periapical X-rays, cultures, follow-up care, treatments, pulpotomy or pulpectomy, and routine post-operative procedures. Separate charges are not Covered Services for these procedures. Retreatment is payable 2 years after the initial treatment.
- » Denture and/or bridge replacement is payable 5-years post initial place. Replacement is not a Covered Service for lost or stolen dentures and/or bridges. Interim dentures are payable only for people under age 17 to replace extracted anterior permanent teeth.
- » Fixed bridges or removable cast partials are payable only for Eligible Dependents over age 16. Services and appliances that replace missing natural teeth (such as bridges, endosteal implants, implant crowns, partial dentures, and complete dentures) may be subject to an Alternate Benefit.
- » Porcelain and resin facings on bridges are payable on posterior teeth.
- » Implants are payable 1 time per tooth in any 5-year period. Implant related services are Covered Services.
- » Crowns over implants are payable 1 time per tooth in any 5-year period. Services related to crowns over implants are Covered Services.

*This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\**

**Delta Dental of Kentucky | [deltadentalky.com](https://deltadentalky.com) | 800-955-2030**

*Delta Dental of Kentucky has provided more than \$20 million to non-profits across Kentucky since 2003.*