

Delta Dental SPD

ELIGIBILITY & BENEFITS SUMMARY

You are viewing a summary of benefits. Please refer to your Evidence of Coverage or Summary Plan Description for complete plan details.

Benefits and Covered Services

For detailed information per procedure code, select a link from the Treatment Type listed below.

Treatment Type	Description	Contract Benefit Level		
		Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Delta Dental Dentist
Diagnostic	Oral Exams and X-Rays	60% - 100%	60% - 100%	60% - 100%
Preventive	Routine Cleanings and Fluoride Treatment	100%	100%	100%
Restorative	Restorative Procedures	60% - 80%	60% - 80%	60% - 80%
Endodontics	Root Canals	80%	80%	80%
Periodontics	Gum Treatment	80%	80%	80%
Prosthodontics; Removable	Partial Dentures, Full Dentures	60% - 80%	60% - 80%	60% - 80%
Prosthodontics; Fixed	Inlays, Onlays, Bridges	60%	60%	60%
Oral & Maxillofacial Surgery	Tooth Extraction	60% - 80%	60% - 80%	60% - 80%
Orthodontics	Orthodontic Related Services	60%	60%	60%
Adjunctive General Services	Miscellaneous Services	60% - 100%	60% - 100%	60% - 100%
Implant Services	Implant Related Services	60%	60%	60%
Temporomandibular Joint (TMJ)	TMJ Related Services	60%	60%	60%

Maximums

Maximum dollars used for one Provider Network, will apply across all Networks.

Type	Program Maximum (Applies to the following services)	Network	Amount	Remaining
Calendar Individual Maximum	Adjunctive General Services Implant Services Prosthodontics; Fixed Prosthodontics; Removable Temporomandibular Joint (TMJ) Endodontics Oral & Maxillofacial Surgery Periodontics Restorative	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist	\$1500.00	\$1500.00
Lifetime Individual Maximum	Diagnostic Orthodontics Oral & Maxillofacial Surgery	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist	\$1500.00	\$1500.00

Deductibles

Deductible amounts satisfied for one Provider Network, will apply across all Networks.

Type	Program Deductible (Applies to the following services)	Network	Amount	Remaining
Calendar Individual Deductible	Adjunctive General Services Diagnostic Orthodontics Implant Services Prosthodontics; Fixed Prosthodontics; Removable Temporomandibular Joint (TMJ) Endodontics Oral & Maxillofacial Surgery Periodontics Restorative	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist	\$25.00	\$25.00
Calendar Family Deductible	Adjunctive General Services Diagnostic Orthodontics Implant Services Prosthodontics; Fixed Prosthodontics; Removable Temporomandibular Joint (TMJ) Endodontics Oral & Maxillofacial Surgery Periodontics Restorative	Delta Dental PPO SM Dentist Delta Dental Premier [®] Dentist Non-Delta Dental Dentist	\$50.00	\$50.00

Family Members Waiting Periods Summary

Some programs require patients to wait a certain length of time before they are eligible to receive certain types of services. This coverage has no waiting period.

Other Provisions

Basis of Payment	N/A
Child Covered to Age	26
Student Covered to Age	26
Missing Tooth Coverage	N/A
Orthodontic Age Limit	Orthodontic benefits are available for children to the age of 26 only.
Orthodontic Payment	Following the initial claim payment, the remaining orthodontic benefit will be paid within 12 months provided there has been no lapse in coverage.
Pregnancy Benefits	This program allows an additional cleaning benefit during pregnancy.

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