



**Delta Dental PPO plus Premier plan  
American Furniture Warehouse – Account # 000000W2368**

<b>MAXIMUM BENEFIT</b> Calendar Year Maximum			\$1,500 per member, per calendar year	
<b>CALENDAR YEAR DEDUCTIBLE</b> Applies to Basic and Major services only			Individual Deductible – \$50 Family Deductible - \$150	
<b>PREVENTION FIRST</b>			Diagnostic and Preventive services do not count against the annual maximum.	
<b>PPO Dentist</b>	<b>PREMIER Dentist</b>	<b>NON-PAR Dentist</b>	<b>COVERED SERVICES</b>	<b>BENEFIT INFORMATION (subject to Delta Dental guidelines)</b>
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented EBD condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 14
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 60-month period
			Fluoride	Twice in a calendar year, through age 18
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
<b>BASIC SERVICES</b>				
100%	80%	80%	Fillings (amalgam and composite)	Once per tooth in a 12-month period.
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	Periodontal maintenance will be covered up to 4 times in a 12-month period.
<b>MAJOR SERVICES</b>				
50%	50%	50%	Crowns	Once per tooth in a 60-month period. Not a benefit under age 12.
			Implants	Once per tooth in a 60-month period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 60-month period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
<b>ORTHODONTICS \$1,500 lifetime maximum</b>				
50%	50%	50%	For covered adults and children	

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

**PPO Dentist** - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

**Premier Dentist** - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Dentist** - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.

# Delta Dental PPO plus Premier™



With the Delta Dental PPO plus Premier plan, you and your family members may visit any licensed provider. However, you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider.

Advantages of the Delta Dental PPO Plus Premier Plan:

- SAVINGS:** Delta Dental providers offer our members the greatest savings and protection from balance-billing for covered services. That means they can't bill you for the difference between what they usually charge and the amount they've agreed to charge Delta Dental members. You can also ask your provider to submit a pre-determination estimate. Delta Dental will review the treatment plan and tell your provider how much you'd be responsible for so you'll have a clear understanding of cost prior to treatment.
- CHOICE:** If you choose to visit a Delta Dental Premier® provider, you'll still save money because Premier providers also accept discounted fees (however, discounts are not as great as if you see a PPO provider).
- NETWORK:** Delta Dental is the nation's largest provider of dental insurance, covering more than 85 million Americans, and offering the largest dental network with more than 154,000 participating providers nationwide. Network providers file claims directly with Delta Dental on your behalf and accept Delta Dental's reimbursement in full.

Savings Example for a Major Procedure*							
	Estimated Charge	Maximum Allowed Fees	Percentage Paid by Delta Dental	Amount Delta Dental Pays	Amount Dentist can Balance-Bill	Total Amount You Pay	Your Total Cost Savings
PPO Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Premier Network	\$1,200	\$975	50%	\$487.50	\$0	\$487.50	\$225
Out of Network	\$1,200	\$700	50%	\$350	\$500	\$850	\$0

\*NOTE: Payment examples above are for illustration purpose only. Check your specific plan for fees, coinsurance rates, and what procedures are considered "major", as they differ from plan to plan. Example assumes deductible has been met.

**It pays to use Delta Dental network providers — especially those in our PPO network.** To find a participating provider or to see if your current provider is in the network, visit our website at [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist search tool.

You can also contact our customer service department, Monday–Friday 7:30 a.m. to 5 p.m. Mountain Time, at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com) or 1-800-610-0201 (toll-free).