

**CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2023 - 12/31/2023**



| PLAN NAME | | DELTA DENTAL PPO ¹ | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| GENERAL PLAN INFORMATION | | IN-NETWORK | OUT-OF-NETWORK |
| Calendar Year Annual Maximum | | | |
| Plan Pays a Maximum of: | | \$1,700 | \$1,500 |
| Incentive Levels | | | |
| Percentage level increases 10% for each consecutive year the dentist is visited, to a maximum of 100%. | | Plan pays: 70/80/90/100% | Plan pays: 70/80/90/100% |
| Diagnostic and Preventive Benefits | | Incentive Level Coverage | |
| Prophylaxis (Cleaning) Treatments | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² |
| Oral Examinations | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² | Plan pays: 70/80/90/100%; limited to 2 per calendar year ² |
| Full-Mouth X-Rays | Plan pays: 70/80/90/100%; limited to 1 per 36 months ² | Plan pays: 70/80/90/100%; limited to 1 per 36 months ² | Plan pays: 70/80/90/100%; limited to 1 per 36 months ² |
| Bitewing X-Rays | Plan pays: 70/80/90/100%; upon provider request, maximum of 2 per calendar year ² | Plan pays: 70/80/90/100%; upon provider request, maximum of 2 per calendar year ² | Plan pays: 70/80/90/100%; upon provider request, maximum of 2 per calendar year ² |
| Periodontal Scaling and Root Planing | Plan pays: 70/80/90/100%; limited to 1 each quadrant every 24 months | Plan pays: 70/80/90/100%; limited to 1 each quadrant every 24 months | Plan pays: 70/80/90/100%; limited to 1 each quadrant every 24 months |
| Fluoride Treatments | Plan pays: 70/80/90/100% limited to 2 per calendar year ² | Plan pays: 70/80/90/100% limited to 2 per calendar year ² | Plan pays: 70/80/90/100% limited to 2 per calendar year ² |
| Space Maintainers | Plan pays: 70/80/90/100% ² | Plan pays: 70/80/90/100% ² | Plan pays: 70/80/90/100% ² |
| Basic Benefits | | Incentive Level Coverage | |
| Oral Surgery - Extractions | Plan pays: 70/80/90/100%; limited to once per tooth per lifetime | Plan pays: 70/80/90/100%; limited to once per tooth per lifetime | Plan pays: 70/80/90/100%; limited to once per tooth per lifetime |
| Oral Surgery - Other Surgical Procedures | Plan pays: 50-100% depending on procedure | Plan pays: 50-100% depending on procedure | Plan pays: 50-100% depending on procedure |



**CSEBO DENTAL INSURANCE
DELTA DENTAL PPO
EFFECTIVE 1/1/2023 - 12/31/2023**



| PLAN NAME | | DELTA DENTAL PPO ¹ | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------|
| GENERAL PLAN INFORMATION | | IN-NETWORK | OUT-OF-NETWORK |
| Basic Benefits (continued) | | Incentive Level Coverage | |
| Restorative Procedures - Amalgam, Silicate or Composite (Resin) Restorations (Fillings) | Plan pays: 70/80/90/100%; limited to once per surface, per tooth within a 2 year period | Plan pays: 70/80/90/100%; limited to once per surface, per tooth within a 2 year period | |
| Endodontic Treatments | Plan pays: 70/80/90/100%; limitations apply | Plan pays: 70/80/90/100%; limitations apply | |
| Periodontic Treatment | Plan pays: 70/80/90/100%; limitations apply | Plan pays: 70/80/90/100%; limitations apply | |
| Sealants | Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14. | Plan pays: 70/80/90/100%; limited to once per tooth within 3 year period, up to age 14. | |
| Crowns, Inlays, Onlays and Cast Restoration Benefits | | Incentive Level Coverage | |
| Crowns, Inlays, Onlays and Cast Restoration | Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years | Plan pays: 70/80/90/100%; service on the same tooth only once every 5 years | |
| Prosthodontic Benefits | | Incentive Level Coverage | |
| Removable - Partial Dentures, Full Dentures | Plan pays: 50%; limited to once every 5 years | Plan pays: 50%; limited to once every 5 years | |
| Fixed - Inlays, Onlays, Bridges | Plan pays: 50%; limited to once every 5 years | Plan pays: 50%; limited to once every 5 years | |
| Orthodontia Benefits | | Incentive Level Coverage | |
| Coverage Eligibility | Adults and Children | Adults and Children | |
| Coverage Percentage | Plan pays: 50% | Plan pays: 50% | |
| Lifetime Individual Maximum | \$1,000 | \$1,000 | |

¹Reimbursement to providers is based on the PPO contracted fee for PPO dentists. Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

²Cleanings, Exams and X-ray costs do not count towards the calendar year annual maximum.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

To access the Uniform Glossary of Health Coverage and Medical Terms, please visit: <http://www.csebo.net/Resources/Uniform-Glossary>.

