

Plan Benefit Highlights for: Philadelphia Area Independent School Business Officers Association
(PAISBOA)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the year dependent turns age 26			
Deductibles	None			
Maximums	\$1,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services N/A	Prosthodontics N/A	Orthodontics N/A

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings, posterior composites, simple extractions, stainless steel crowns and denture repair	100%	100%
Endodontics (root canals)	100%	100%
Periodontics (gum treatment)	0%	0%
Oral Surgery	0%	0%
Major Services Crowns, inlays, onlays and cast restorations	0%	0%
Prosthodontics Bridges and dentures	0%	0%
Orthodontic Benefits	0%	0%

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

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

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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.