

## DELTA DENTAL PREFERRED OPTION (PPO) PLAN SUMMARY

The following is a summary of the maximum annual diagnostic, preventive, basic, restorative, and prosthodontic benefits provided in any one calendar year, as well as the specific orthodontic coverage. Under these plans you may use any dentist you wish. It is to your advantage to select a Delta Dental Preferred Provider Option (PPO) Dentist or a Delta Dental Premier (Non-PPO) Dentist, since his or her fees have been accepted in advance by Delta Dental. If you are not sure which plan you are in, call Tri-County Schools Insurance Group.

### SUMMARY OF BENEFITS (PPO Plan)

PLAN	D1	D1A	D1B	D2	D2A	D2B	D3	D3A	D3B
Deductible	None	None	None	None	None	None	None	None	None
Annual Maximum:									
Any Dentist	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
PPO Incentive *	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250	\$ 250
Adjusted Maximum	\$1,250	\$1,750	\$2,250	\$1,250	\$1,750	\$2,250	\$1,250	\$1,750	\$2,250
Diagnostic and Preventive:									
PPO Dentist	100%	100%	100%	100%	100%	100%	100%	100%	100%
Non-PPO Dentist	50%	50%	50%	50%	50%	50%	50%	50%	50%
Basic Services:									
PPO Dentist	100%	100%	100%	100%	100%	100%	100%	100%	100%
Non-PPO Dentist	50%	50%	50%	50%	50%	50%	50%	50%	50%
Crowns, Restorations:									
PPO Dentist	100%	100%	100%	100%	100%	100%	100%	100%	100%
Non-PPO Dentist	50%	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontic Bridges/Partials	50%	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Lifetime Maximum	None	None	None	50% \$500 ** Child Only	50% \$500 ** Child Only	50% \$500 ** Child Only	50% \$500 ** Adult/Child	50% \$500 ** Adult/Child	50% \$500 ** Adult/Child
Dental Accident Calendar Year Maximum ***	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000	100% \$1,000

\* PPO Incentive: Additional \$250 for use at a Delta Dental Preferred Provider Option (PPO) dentist.

\*\* Orthodontic benefits are a lifetime maximum benefit.  
Lifetime maximums of \$1,000 or \$1,500 for orthodontic is an additional option for bargaining groups.

\*\*\* This Benefit is separate from the other Benefits.

- All dental plans are elected by bargaining groups only. Coverage is not available as an individual option.
- All benefits are calendar year (January 1 through December 31).
- Children are covered until the child's 26th birthday.
- If you transfer or move from one Delta Dental plan to another, you do not receive a new calendar year Maximum because you transferred or moved. The Maximum amount for Benefits paid by Delta Dental in a calendar year under both plans will not exceed the Maximum allowed under your current plan.

For example: If Delta Dental paid \$500 in Benefits while you were enrolled in a previous plan and the Maximum amount of your current plan is \$1000, the total amount Delta Dental will pay for your Benefits under the current plan is \$500.