DELTA DENTAL

DELTA DENTAL PPO PLUS PREMIER
CEBT – PLAN B

(EFFECTIVE JANUARY 1, 2019)

CEBT BENEFIT BY TRUST

MAXIMUM BENEFIT Calendar Year Maximum	$1,500 per member, per calendar year
CALENDAR YEAR DEDUCTIBLE Applies to Basic and Major Services	Individual Deductible – $50.00 Combination of in and out-of-network Family Deductible – $150.00 Combination of in and out-of-network

PPO Dentist	PREMIER Dentist	NON-PAR Dentist	COVERED SERVICES	BENEFIT INFORMATION (subject to Delta Dental guidelines)
DIAGNOSTIC AND PREVENTIVE SERVICES				
100%	100%	100%	Oral Exams and Cleanings	Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition.
			Sealants	Once per tooth in a 36-month period for unrestored permanent molars, through age 15
			Bitewing X-Rays	Once in a calendar year
			Full Mouth X-Rays	Once in a 5-year period
			Fluoride	Twice in a calendar year, through age 15
			Space Maintainers	One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13
BASIC SERVICES				
80%	80%	80%	Fillings	Once per tooth in a 12-month period; composite (white) fillings
			Simple Extractions	
			Oral Surgery	
			Endodontics / Periodontics	
MAJOR SERVICES (including occlusal guards)				
50%	50%	50%	Crowns	Once per tooth in 5-year period. Not a benefit under age 12.
			Implants	Once per tooth in a 5-year period. Not a benefit under age 16.
			Dentures, Bridges	Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable partials are not a benefit under age 16.
ORTHODONTICS $1,500 lifetime maximum				
50%	50%	50%	For covered children to age 19	

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.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to have the coverage offered.
Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of services covered under your dental plan. Please refer to the Plan Document for full plan details. If differences exist between this summary and the Plan Document, the Plan Document will govern. 08/01/2018