DELTA DENTAL®

DFAS LLC d.b.a. Agile Partnering (New Quote) eff. Feb 1, 2023
Delta Dental PPO™
Not Including Right Start 4 Kids℠
Summary of Benefits for Quote 1: 2023 Plan 1

Calendar-year Deductible	$50 – Individual $150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	$1,500	Per Individual
Orthodontic Lifetime Maximum	Not Included	
Prevention First	Not Included	

Network	Delta Dental PPO™ Provider	Delta Dental Premier® Provider	Non-Participating Provider	Benefit Limitations
Diagnostic & Preventive Services				
Oral Exams & Cleanings	100%	90%	90%	2 per calendar year; up to 2 additional cleanings with any documented Evidence-Based Dentistry (EBD) condition
Limited Oral Evaluation – Problem Focused	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	90%	90%	1 per tooth (permanent posterior molars) in any 3 year period through age 19
Bitewing X-Rays	100%	90%	90%	1 set (any number of films) per calendar year (includes vertical Bitewing X-Ray)
Full-mouth X-Rays	100%	90%	90%	1 per 5 years unless documentation of special need; Full-mouth or Panoramic X-Ray covered
Fluoride	100%	90%	90%	2 per calendar year, no age limitation
Space Maintainers	100%	90%	90%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
Basic Services				
Fillings	80%	80%	80%	Posterior Composites: 1 per tooth and surface per 5 years; covered up to the cost of an amalgam filling
Major Services				
Denture Repair/Reline	50%	50%	50%	1 per 3 years per appliance
Crowns, Implants	50%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: Not covered
Dentures, Bridges	50%	50%	50%	1 per 7 years; not a benefit under age 16
Occlusal Guards	50%	50%	50%	1 per 5 years; adjustments covered 1 per year following 6 months of initial placement
Oral Surgery	50%	50%	50%	
Endodontics/Periodontics	50%	50%	50%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
Anesthesia Services	50%	50%	50%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement, and Oral Surgery
Orthodontic Services	Not Included	Not Included	Not Included	

You are enrolled in a PPO reimbursement plan. Reimbursement for all providers is based on the PPO contracted fee. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider.

If you do not see a PPO provider, and your provider charges more than the PPO provider's Allowable Fee, you will be responsible for the excess charges. If you see a Premier provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA). If you see a non-participating provider, you will be responsible for the difference between the PPO provider's Allowable Fee and the full charges you are billed.

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

This is a brief description of services covered under the 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.

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