



Delta Dental PPO PREMIER VOLUNTARY Benefit and Rate Sheet

Available in CA¹
Group Size: 2+

PPO PREMIER VOLUNTARY DELTA DENTAL PLANS												
Plan Name	PPO \$1500 w/ORTHO 00465-03000 T			PPO \$2000 00465-03100 U			PPO \$2000 w/ORTHO 00465-03200 V			PPO \$3000 w/ORTHO 00465-03400 X		
Network	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental
Deductible												
Individual	\$50			\$50			\$50			\$50		
Family	\$150			\$150			\$150			\$150		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	\$1500			\$2000			\$2000			\$3000		
Orthodontic Lifetime Max	\$1500			N/A			\$2000			\$1000		
Dental Benefit												
Preventive Services	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	100%	80%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
Basic Services	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Endodontic	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Periodontal	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Oral Surgery	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Implants	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²
Missing Tooth Clause	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³
Major Service Waiting Period	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months	12 months
Reimbursement Schedule	PPO or Premier ⁴			PPO or Premier ⁴			PPO or Premier ⁴			PPO		
Orthodontic Benefit												
Orthodontics	50%			N/A			50%			50%		
Orthodontics Available To	Child			N/A			Adult and Child			Child		
Orthodontic Waiting Period	12 months			N/A			12 months			12 months		
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.												
Member Only	\$64.92			\$67.25			\$72.66			\$73.52		
Member + Spouse/DP	\$117.77			\$122.08			\$132.09			\$133.65		
Member + 1 Child	\$117.77			\$122.08			\$132.09			\$133.65		
Member + Children	\$178.91			\$185.50			\$200.84			\$203.23		
Member + Family	\$178.91			\$185.50			\$200.84			\$203.23		
Rate Guarantee	1 year			1 year			1 year			1 year		

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

¹ Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CA. Employees and their enrolled dependents can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

² & ³ For more detailed information, see Benefit Summary and Evidence of Coverage.

⁴ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

⁵ Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.