



**Delta Dental PPO VOLUNTARY  
Benefit and Rate Sheet**

Available in CA<sup>1</sup>  
Group Size: 2+

PPO VOLUNTARY DELTA DENTAL PLANS						
Plan Name	PPO \$1500 w/ORTHO 00465-02700 Q		PPO \$2000 00465-02800 R		PPO \$2000 w/ORTHO 00465-02900 S	
Network	PPO Network	Non-Delta Dental	PPO Network	Non-Delta Dental	PPO Network	Non-Delta Dental
<b>Deductible</b>						
Individual	\$50		\$50		\$50	
Family	\$150		\$150		\$150	
Waived for Preventive	Yes		Yes		Yes	
Annual Max Benefit	\$1500		\$2000		\$2000	
Orthodontic Lifetime Max	\$1500		N/A		\$1500	
<b>Dental Benefit</b>						
<b>Preventive Services</b>	100%	100%	100%	80%	100%	100%
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
<b>Basic Services</b>	80%	80%	80%	60%	80%	80%
Endodontic	80%	80%	80%	60%	80%	80%
Periodontal	80%	80%	80%	60%	80%	80%
Oral Surgery	80%	80%	80%	60%	80%	80%
<b>Major Services</b>	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%
Implants	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>
Missing Tooth Clause	No <sup>3</sup>	No <sup>3</sup>	No <sup>3</sup>	No <sup>3</sup>	No <sup>3</sup>	No <sup>3</sup>
Major Service Waiting Period	12 months	12 months	12 months	12 months	12 months	12 months
Reimbursement Schedule	PPO Contracted Fees <sup>4</sup>		PPO Contracted Fees <sup>4</sup>		PPO Contracted Fees <sup>4</sup>	
<b>Orthodontic Benefit</b>						
Orthodontics	50%		N/A		50%	
Orthodontics Available To	Child		N/A		Child	
Orthodontic Waiting Period	12 months		N/A		12 months	
<b>Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.</b>						
Member Only	\$64.92		\$63.20		\$68.30	
Member + Spouse/DP	\$117.78		\$106.05		\$124.03	
Member + 1 Child	\$117.78		\$106.05		\$124.03	
Member + Children	\$178.95		\$160.98		\$188.50	
Member + Family	\$178.95		\$160.98		\$188.50	
Rate Guarantee	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.

<sup>1</sup> Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CA. Employees can reside in any state.

<sup>2</sup> & <sup>3</sup> For more detailed information, see the plan's Benefit Summary and Evidence of Coverage.

<sup>4</sup> 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.