Benefit Highlights: Delta Dental PPO[™]

Plan Benefit Highlights for: Broome-Tioga BOCES (Buy-Up Plan)
Group Number:

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each contract year	\$50/\$150	\$50/\$150	\$50/\$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each contract year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Denture Repair/Reline/Rebase	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges and Dentures	50%	50%	50%
Implants Implant Services	50%	50%	50%
Temporomandibular Joint (TMJ) Services	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	\$2,085 Lifetime	\$2,085 Lifetime	\$2,085 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

^{**} Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for Non-Delta Dental dentists.

Delta Dental of Pennsylvania	Customer Service	Claims Address
One Delta Drive	800-932-0783	P.O. Box 2105
Mechanicsburg, PA 17055	deltadentalins.com	Mechanicsburg, PA 17055-6999

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Effective Date: 7/1/2022

^{*} Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.