

Benefit Highlights: Delta Dental PPO™

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

Effective Date: 7/1/2022

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar 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 calendar year	\$750	\$750	\$750
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 Reline/Repair/Rebase	50%	50%	50%
Endodontics Root Canals	50%	50%	50%
Periodontics Surgical and Non-Surgical Periodontics	50%	50%	50%
Oral Surgery	50%	50%	50%
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).

* 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.

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