

# Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Philadelphia Area Independent School Business Officers Association  
(PAISBOA)

Group No: 18399

Effective Date: 11/01/2023

|                              |   |                        |                        |                      |
|------------------------------|---|------------------------|------------------------|----------------------|
| <b>Eligibility</b>           | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer). |                        |                        |                      |
| <b>Deductibles</b>           | None  |                        |                        |                      |
| <b>Maximums</b>              | \$2,000 per person each calendar year   |                        |                        |                      |
| D & P counts toward maximum? | Yes   |                        |                        |                      |
| <b>Waiting Period(s)</b>     | Basic Services<br>None  | Major Services<br>None | Prosthodontics<br>None | Orthodontics<br>None |

| <b>Benefits and Covered Services*</b>  | <b>Delta Dental PPO dentists**</b> | <b>Non-Delta Dental PPO dentists**</b> |
|--|------------------------------------|--|
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, cleanings, x-rays and sealants | 100%                               | 100%                                   |
| <b>Basic Services</b><br>Fillings, and simple extractions  | 100%                               | 100%                                   |
| <b>Endodontics (root canals)</b><br>Covered Under Basic Services                                 | 100%                               | 100%                                   |
| <b>Periodontics (gum treatment)</b><br>Covered Under Major Services                              | 50%                                | 50%                                    |
| <b>Oral Surgery</b><br>Covered Under Basic Services  | 100%                               | 100%                                   |
| <b>Major Services</b><br>Crowns, onlays and cast restorations                                    | 50%                                | 50%                                    |
| <b>Prosthodontics</b><br>Bridges, dentures and implants  | 50%                                | 50%                                    |
| <b>Orthodontic Benefits</b><br>Adults and dependent children                                     | 50%                                | 50%                                    |
| <b>Orthodontic Maximums</b>  | \$2,500 Lifetime                   | \$2,500 Lifetime                       |

\* 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

**Claims Address**  
P.O. Box 2105  
Mechanicsburg, PA 17055-6999

[deltadentalins.com](http://deltadentalins.com)

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.