

**Plan Benefit Highlights for:** Plano Independent School District

**Group No:** 20088

**Effective Date:** 09/01/2019

**DELTA DENTAL PPO<sup>SM</sup>**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	\$50 per person / \$150 per family each plan year			
	Yes			
<b>Maximums</b>  D & P counts toward maximum?	<b>Basic Plan:</b> \$1,000 per person each plan year <b>Premium Plan:</b> \$1,250 per person each plan year			
	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Basic Plan</b>		<b>Premium Plan</b>	
	<b>Delta Dental DPO dentists<sup>†</sup></b>	<b>Non-Delta Dental DPO dentists<sup>†</sup></b>	<b>Delta Dental DPO dentists<sup>†</sup></b>	<b>Non-Delta Dental DPO dentists<sup>†</sup></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	50 %	50 %	80 %	80 %
<b>Basic Services</b> Fillings and simple extractions	50 %	50 %	80 %	80 %
<b>Endodontics</b> (root canals)	50 %	50 %	80 %	80 %
<b>Periodontics</b> (gum treatment)	50 %	50 %	80 %	80 %
<b>Oral Surgery</b>	50 %	50 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %	50 %	50 %
<b>Implant Benefits</b>	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,250 Lifetime	\$1,250 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.  
<sup>†</sup> Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651	<b>Claims Address</b> P.O. Box 1809 Alpharetta, GA 30023-1809
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**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.

**BENEFIT HIGHLIGHTS**