

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: University of Maryland - Student Plan
Group Number: 22907

Effective Date: 8/1/2024

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	\$100	\$100	\$100
Deductibles waived for Diagnostic & Preventive?	Waived for PPO Dentists only		
Maximums Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	Yes, 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, Posterior Composites and Denture Repair/Reline/Rebase	80%	70%	70%
Endodontics Root Canals	80%	70%	70%
Periodontics Surgical and Non-Surgical Periodontics	80%	70%	70%
Oral Surgery	80%	70%	70%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	40%	40%
Prosthodontics Bridges and Dentures	50%	40%	40%

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, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania 300 Corporate Center Drive, Suite 600 Camp Hill, PA 17011	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.