



Delta Dental PPO EMPLOYER SPONSORED Benefit and Rate Sheet

Available in CA¹
Group Size: 2+

PPO EMPLOYER SPONSORED DELTA DENTAL PLANS												
Plan Name	PPO \$1500 w/ORTHO 00465-02400 N			PPO \$2000 00465-02500 O			PPO \$2000 w/ORTHO 0465-02600 P			PPO \$3000 w/ORTHO 0465-03300 W		
Network	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental
Deductible												
Individual	\$50			\$50			\$50			\$50		
Family	\$150			\$150			\$150			\$150		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	\$1500			\$2000			\$2000			\$3000		
Orthodontic Lifetime Max	\$1500			N/A			\$2000			\$1000		
Dental Benefit												
Preventive Services	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	100%	80%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
Basic Services	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Endodontic	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Periodontal	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Oral Surgery	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Implants	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²
Missing Tooth Clause	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³	No ³
Major Service Waiting Period	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reimbursement Schedule	PPO or Premier ⁴			PPO or Premier ⁴			PPO or Premier ⁴			PPO ⁵		
Orthodontic Benefit												
Orthodontics	50%			N/A			50%			50%		
Orthodontics Available To	Child			N/A			Adult or Child			Child		
Orthodontic Waiting Period	N/A			N/A			N/A			N/A		
Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.												
Member Only	\$54.51			\$56.10			\$61.51			\$62.24		
Member + Spouse/DP	\$98.51			\$101.45			\$111.47			\$112.79		
Member + 1 Child	\$98.51			\$101.45			\$111.47			\$112.79		
Member + Children	\$149.42			\$153.91			\$169.25			\$171.29		
Member + Family	\$149.42			\$153.91			\$169.25			\$171.29		
Rate Guarantee	1 year			1 year			1 year			1 year		

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

¹ Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in CA. Employees and their enrolled dependents can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

^{2 & 3} For more detailed information, see Benefit Summary and Evidence of Coverage.

⁴ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

⁵ 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.