



C r a a a

• [U.S. Dental](#)

U r a a a

• [U.S. Dental](#)

• [U.S. Dental](#)

• [U.S. Dental](#)

G LASIK a a a

• [U.S. Dental](#)
888-779-1429 / 551-248-2020

C a ID a

• [U.S. Dental](#)



PPO



PREMIER



NON DELTA DENTAL

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	Delta Dental PPO dentists: \$75 per person each plan year Non-Delta Dental PPO dentists: \$100 per person each plan year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,500 per person each plan year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

* 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.

