Delta Dental of Ohio
Dental Benefit Highlights for
Equity Administrative Services #11694

Delta Dental PPO™ (Point of Service)	Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
Coverage effective January 1, 2027	**Plan Pays**	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	100%	100%	80%
Simple Extractions - non-surgical removal of teeth	100%	100%	80%
Other Basic Services - misc. services	100%	100%	80%
Relines and Repairs - to prosthetic appliances	100%	100%	80%
Major Services			
Endodontic Services - root canals	60%	60%	50%
Periodontic Services - to treat gum disease	60%	60%	50%
Other Oral Surgery - dental surgery	60%	60%	50%
Major Restorative Services – crowns, inlays, onlays, and veneers	60%	60%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	60%	60%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Through age 18 and under		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment -

PPO and Premier Dentist - $1,500 per member total per calendar year on diagnostic & preventive, basic services, and major services. $1,000 per person total per lifetime on orthodontics.

Nonparticipating Dentist - $1,000 per member total per calendar year on diagnostic & preventive, basic services, and major services. $1,000 per person total per lifetime on orthodontics.

PPO and Premier Maximum Carryover - If at least one Covered Service is paid in a Calendar Year and the total Benefit paid does not exceed $600 in that Calendar Year, $350 will carry over to the next Calendar Year's Maximum Payment. This amount will accumulate from one Calendar Year to the next, but will not exceed $1,000. If no Covered Services are paid during a Calendar Year, all accumulated carryover amounts from previous Calendar Years will be forfeited.

Welcome to Ohio's largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your Copayments and/or Deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-524-0149 or look online at www.DeltaDentalOH.com.

Nonparticipating Maximum Carryover - If at least one Covered Service is paid in a Calendar Year and the total Benefit paid does not exceed $600 in that Calendar Year, $250 will carry over to the next Calendar Year's Maximum Payment. This amount will accumulate from one Calendar Year to the next, but will not exceed $1,000. If no Covered Services are paid during a Calendar Year, all accumulated carryover amounts from previous Calendar Years will be forfeited.
Deductible - $50 deductible per member total per calendar year limited to a maximum deductible of $150 per family per calendar year on all services except diagnostic and preventive services, palliative treatment, sealants, brush biopsy, X-rays, and orthodontic services.

Note - *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*