

**Delta Dental of Ohio**  
**Dental Benefit Highlights for**  
**Area Wide Protective - AWP**  
**Low Plan**



Delta Dental PPO™ (Point-of-Service) Coverage effective January 1, 2023	Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - bitewing and full mouth X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%	80%
<b>All Other Radiographs</b> - other X-rays	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Periodontal Maintenance</b> - cleanings by specialist	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	50%	50%
<b>Prosthetic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	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 your dentist charges and you are responsible for that difference.

**Maximum Payment** - \$1,000 per person total per benefit year on diagnostic & preventive, basic services, and major services. \$1,000 per person total per lifetime on orthodontics.

**Deductible** - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on all services except diagnostic and preventive services, brush biopsy, bitewing and full mouth 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.

**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 Benchmark Portal 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](http://www.DeltaDentalOH.com).

**Delta Dental of Ohio**  
**Dental Benefit Highlights for**  
**Area Wide Protective - AWP**  
**High Plan**



Delta Dental PPO™ (Point-of-Service) Coverage effective January 1, 2023	Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - bitewing and full mouth X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	90%	90%	90%
<b>Sealants</b> - to prevent decay of permanent teeth	90%	90%	90%
<b>All Other Radiographs</b> - other X-rays	90%	90%	90%
<b>Minor Restorative Services</b> - fillings and crown repair	90%	90%	90%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	90%	90%	90%
<b>Major Services</b>			
<b>Endodontic Services</b> - root canals	60%	60%	60%
<b>Periodontic Services</b> - to treat gum disease	60%	60%	60%
<b>Oral Surgery Services</b> - extractions and dental surgery	60%	60%	60%
<b>Major Restorative Services</b> - crowns	60%	60%	60%
<b>Other Basic Services</b> - misc. services	60%	60%	60%
<b>Relines and Repairs</b> - to prosthetic appliances	60%	60%	60%
<b>Prosthetic Services</b> - bridges, implants, dentures, and crowns over implants	60%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Through age 18 and under		

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**Maximum Payment** - \$2,500 per person total per benefit year on diagnostic & preventive, basic services, and major services. \$2,500 per person total per lifetime on orthodontics.

**Deductible** - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year on all services except diagnostic and preventive services, brush biopsy, bitewing and full mouth X-rays, and orthodontic services.

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