

## 2025 Delta Dental PPO (Standard) Plan

### THERE ARE NO CHANGES FOR 2025

<b>Choice of Providers</b>	Any licensed dental provider. No primary dentist required. <ul style="list-style-type: none"> <li>Delta PPO providers agree to the lowest negotiated rate (PPO contracted fees)</li> <li>Delta Premier providers who are not in the PPO network agree to charge their negotiated Premier contracted fees (generally higher than the PPO contracted fees)</li> <li>Non-Delta dentists may charge any amount, and you're responsible for paying all charges above Delta's program allowance</li> </ul>
<b>Website</b>	<a href="http://www.deltadentalins.com/">www.deltadentalins.com/</a>
<b>Phone</b>	(888) 335-8227
<b>ID Card</b>	When you first enroll, you'll receive a set of two ID cards, both with employee name and plan information Contact Delta Dental for replacement cards, or print additional cards at <a href="http://www.deltadentalins.com/">www.deltadentalins.com/</a>
<b>Annual Deductible</b> (per calendar year)	\$50 per person Waived for diagnostic/preventive
<b>Maximum Allowable Benefit</b> (per person per calendar year) (diagnostic & preventive do not count towards max)	When you use PPO providers: \$1,750 When you use other providers: \$1,500 Orthodontics: \$1,000 lifetime maximum (dependent children only)
<b>Diagnostic &amp; Preventive Services</b>	
<i>Oral Exams, Routine Cleanings</i>	100%, no deductible (2 per calendar year, 3 for pregnancy)
<i>X-rays</i>	100%, no deductible (2 bitewings per calendar year for children under age 18, 1 per calendar year for adults age 18 and over; full-mouth once every 5 years)
<i>Space Maintainers</i>	100%, no deductible; covered for children up to age 13
<b>General Dental Services</b>	
<i>Fillings, simple tooth extractions, sealants</i>	80% covered after deductible (includes amalgam, silicate, composite/resin) For sealants, coverage is for 1 <sup>st</sup> molars through age 8, 2 <sup>nd</sup> molars through age 15 (covered only on permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars without decay, or restorations on the occlusal surface); sealant replacement is only available as a benefit 2 years after original sealant application
<i>Periodontics/Endodontics (Root Canal, Gums/Supportive Tissue)</i>	80% covered after deductible
<i>Periodontal Scaling, Root Planing</i>	80% covered after deductible (1 per quadrant each 24-month period; if you are pregnant during this time, you may be eligible for 1 additional periodontal scaling or root planing per quadrant)
<b>Major Dental Services</b>	
<i>Crowns (Restorative), Fixed Bridges</i>	50% covered after deductible Crowns: (1 per 5 years on the same tooth) Bridges (1 per 5 years)
<i>Partial &amp; Complete Dentures</i>	50% covered after deductible (1 per 5 years)
<i>Implants (placement, repair, re-cement, removal)</i>	50% covered after deductible (1 per 5 years; once per tooth per lifetime for removal)
<i>Orthodontics</i>	50% covered after deductible (up to \$1,000 per person per lifetime; dependent children only)

*This summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason.*