

2025 Delta Dental PPO (Enhanced) Plan

THERE ARE NO CHANGES FOR 2025

Choice of Providers	Any licensed dental provider. No primary dentist required. <ul style="list-style-type: none"> • Delta PPO providers agree to the lowest negotiated rate (PPO contracted fees) • 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) • Non-Delta dentists may charge any amount, and you're responsible for paying all charges above Delta's program allowance 	
Website	www.deltadentalins.com/	
Phone	(888) 335-8227	
ID Card	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 www.deltadentalins.com/	
Annual Deductible (per calendar year)	When you use PPO Providers; \$25 per person. When you use all other providers: \$50 per person. Waived for diagnostic/preventive	
Maximum Allowable Benefit (per person per calendar year) (diagnostic & preventive do not count towards max)	When you use PPO providers: \$2,200 When you use other providers: \$1,700 Orthodontics: \$1,500 lifetime maximum (adults & dependents)	
Diagnostic & Preventive Services		
<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	
General Dental Services	PPO Providers	Delta Dental Premier & Non-Delta Providers
<i>Fillings, simple tooth extractions, sealants</i>	90% covered after deductible (includes amalgam, silicate, composite/resin) For sealants, coverage is for 1 st molars through age 8, 2 nd molars through age 15 (covered only on permanent 1 st and 2 nd molars without decay, or restorations on the occlusal surface); sealant replacement is only available as a benefit 2 years after original sealant application.	60% covered after deductible
<i>Periodontics/Endodontics (Root Canal, Gums/Supportive Tissue),</i>	80% covered after deductible	60% covered after deductible
<i>Periodontal Scaling, Root Planning</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 planning per quadrant)	60% covered after deductible
Major Dental Services	PPO Providers	Delta Dental Premier & Non-Delta Providers
<i>Crowns (Restorative), Fixed Bridges</i>	60% covered after deductible Crowns: (1 per 5 years on the same tooth) Bridges: (1 per 5 years)	50% covered after deductible
<i>Partial & Complete Dentures</i>	60% covered after deductible (1 per 5 years)	50% covered after deductible
<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 \$1,500 per person per lifetime; adults and children, no age limit)	

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 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.