

# BENEFIT HIGHLIGHTS

## DELTA DENTAL PPO<sup>SM</sup>

GROUP NAME: Laborers' National Health and Welfare Fund

GROUP NUMBER: 05976-00001 & 09999

**> ELIGIBILITY: WHO MAY RECEIVE BENEFITS?**

- Primary enrollee and spouse
- Eligible dependent children to:  
end of month dependent turns age 26

**> DEDUCTIBLES** per person/ per family  
\$50 / \$100 each cal. year (outside PPO network)

**Orthodontic deductible**  
\$50 per person, per lifetime (outside PPO network)

**> MAXIMUMS** per person  
\$1,500 each cal. year

**> WAITING PERIODS**

Basic Services: none Major Services: none  
Orthodontics: none

| BENEFITS AND COVERED SERVICES  | PPO dentists <sup>1,2</sup>       | Non-PPO dentists <sup>1,2,3</sup> |
|--|-----------------------------------|-----------------------------------|
| <b>Diagnostic &amp; Preventive Services (D&amp;P)</b><br>Exams, cleanings, x-rays and sealants | 100%                              | 100%                              |
|  | Deductible doesn't apply to D&P   |                                   |
|  | D&P doesn't count towards maximum |                                   |
| <b>Basic Services</b><br>Fillings and composites   | 80%                               | 80%                               |
| <b>Endodontics (Basic)</b><br>Root canals  | 80%                               | 80%                               |
| <b>Periodontics</b> Gum treatment (Basic)  | 80%                               | 80%                               |
| <b>Oral Surgery (Basic)</b>  | 80%                               | 80%                               |
| <b>Major Services</b><br>Crowns, inlays, onlays and cast restorations                          | 50%                               | 50%                               |
| <b>Prosthodontics (Major)</b><br>Bridges, dentures, implants and TMJ                           | 50%                               | 50%                               |
| <b>Orthodontics</b><br>For adults and dependent children                                       | 50%                               | 50%                               |
| Lifetime per person  | \$1,000                           | \$1,000                           |
| <b>Occlusal Guards</b>   | 80%                               | 80%                               |

<sup>1</sup> Delta Dental Premier® dentists are considered out-of-network dentists.

<sup>2</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

<sup>3</sup> Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

10/15/16 0001-0002-0003-0004-0005-0006-0007-0008-0009-0010-0011-0012-0013-0014-0015-0016-0017-0018-0019-0020-0021-0022-0023-0024-0025-0026-0027-0028-0029-0030-0031-0032-0033-0034-0035-0036-0037-0038-0039-0040-0041-0042-0043-0044-0045-0046-0047-0048-0049-0050-0051-0052-0053-0054-0055-0056-0057-0058-0059-0060-0061-0062-0063-0064-0065-0066-0067-0068-0069-0070-0071-0072-0073-0074-0075-0076-0077-0078-0079-0080-0081-0082-0083-0084-0085-0086-0087-0088-0089-0090-0091-0092-0093-0094-0095-0096-0097-0098-0099-0100

|  |   |  |
|--|---|--|
| <p><b>Delta Dental of Pennsylvania</b><br/>One Delta Drive<br/>Mechanicsburg, PA 17055</p> | <p><b>Customer Service</b><br/>(Toll-Free)<br/>800-932-0783</p> | <p><b>Claims Address</b><br/>P.O. Box 2105<br/>Mechanicsburg, PA 17055</p> |
|--|---|--|

This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description or Group Dental Service Contract. If you have specific questions regarding the benefits eligibility, limitations or exclusions of your plan, please consult your company's benefits representative.

Date created: 8/4/2016

