

BENEFIT HIGHLIGHTS

DELTA DENTAL PPOSM

GROUP NAME: Laborers' National Health and Welfare Fund
GROUP NUMBER: 05976-00002 & 08888

> ELIGIBILITY: WHO MAY RECEIVE BENEFITS?

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

> DEDUCTIBLES¹ No deductible applies
 \$50 / \$100 each cal. year (outside PPO network)

Orthodontic deductible
 \$50 per person, per lifetime

> MAXIMUMS per person
 \$2,500 each cal. year

> WAITING PERIODS

Basic Services: none Major Services: none
 Orthodontics: none

BENEFITS AND COVERED SERVICES	PPO dentists ^{1,2}	Non-PPO dentists ^{1,2,3}
Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays and sealants	100%	100%
	Deductible doesn't apply to D&P	
	D&P doesn't count towards maximum	
Basic Services Fillings and composites	100%	100%
Endodontics Root canals	100%	100%
Periodontics Gum treatment	100%	100%
Oral Surgery	100%	100%
Major Services Crowns, inlays, onlays and cast restorations	60%	60%
Prosthodontics (Major) Bridges, dentures and implants	60%	60%
Orthodontics For adults and dependent children	50%	50%
lifetime per person annual per eligible adult	\$1,500	\$1,500
Temporomandibular Joint (TMJ) Benefits	50%	50%

¹ Delta Dental Premier® dentists are considered out-of-network dentists.
² 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.
³ Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

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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.
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