

# Benefit Highlights: Delta Dental PPO Plus Premier <sup>TM</sup>

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Basic)  
 Group Number: 22379

Effective Date: 1/1/2024

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member each calendar year	No Deductible	No Deductible	No Deductible
<b>Maximums</b> Per member each calendar year	\$2,000	\$1,500	\$1,000
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings, Simple Extractions, Posterior Composites and Denture Repair/Reline/Rebase	80%	80%	70%
<b>Endodontics</b> Root Canals	80%	80%	70%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	80%	80%	70%
<b>Oral Surgery</b>	80%	80%	70%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	40%	40%	1%
<b>Prosthodontics</b> Bridges and Dentures	40%	40%	1%

All deductibles, plan maximums and service specific maximums cross-accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross-accumulate between in and out of networks.

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental of Pennsylvania</b> One Delta Drive Mechanicsburg, PA 17055	<b>Customer Service</b> 888-894-7059 deltadentalins.com	<b>Claims Address</b> P.O. Box 2105 Mechanicsburg, PA 17055-6999
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



ECMT Delta Dental  
Member Information



# Benefit Highlights: Delta Dental PPO Plus Premier <sup>TM</sup>

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Premium)  
 Group Number: 22379

Effective Date: 1/1/2024

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member each calendar year	No Deductible	No Deductible	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	N/A	N/A	Yes
Deductibles waived for Orthodontics?	N/A	N/A	No
<b>Maximums</b> Per member each calendar year	\$3,000	\$2,500	\$2,000
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings, Simple Extractions, Posterior Composites and Denture Reline/Repair/Rebase	85%	85%	75%
<b>Endodontics</b> Root Canals	85%	85%	75%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	85%	85%	75%
<b>Oral Surgery</b>	85%	85%	75%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	85%	85%	75%
<b>Prosthodontics</b> Bridges and Dentures	85%	85%	75%
<b>Implants</b> Implant Services	85%	85%	75%
<b>Orthodontic Services</b> Adults and Dependent Children	50%	50%	40%
<b>Orthodontic Deductible</b>	No Deductible	No Deductible	\$50 Lifetime
<b>Orthodontic Maximums</b>	\$2,000 Lifetime	\$2,000 Lifetime	\$1,500 Lifetime

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ECMT Delta Dental  
Member Information



Revised 9/8/2023

# Benefit Highlights: Delta Dental PPO Plus Premier <sup>TM</sup>

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Comprehensive)  
 Group Number: 22379

Effective Date: 1/1/2024

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Deductibles</b> per member each calendar year	No Deductible	No Deductible	\$100/ \$300
Deductibles waived for Diagnostic & Preventive?	No Deductible	No Deductible	Yes
Deductibles waived for Orthodontics?	No Deductible	No Deductible	No
<b>Maximums</b> Per member each calendar year	\$2,500	\$2,000	\$1,500
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
<b>Basic Services</b> Fillings, Simple Extractions , Posterior Composites and Denture Repair/Reline/Rebase	85%	85%	75%
<b>Endodontics</b> Root Canals	85%	85%	75%
<b>Periodontics</b> Surgical and Non-Surgical Periodontics	85%	85%	75%
<b>Oral Surgery</b>	85%	15%	75%
<b>Major Services</b> Crowns, Inlays, Onlays and Cast Restorations	50%	50%	40%
<b>Prosthodontics</b> Bridges and Dentures	50%	50%	40%
<b>Implants</b> Implant Services	50%	50%	40%
<b>Orthodontic Services</b> Adults and Dependent Children	50%	50%	40%
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime	\$1,000 Lifetime

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