



Delta Dental of Ohio

Community Action Wayne & Medina Inc
Delta Dental PPO (Point-of-Service)
Non-Essential Health Benefits Highlights

Coverage effective January 1, 2024

Plan Pays:

	In-network		Out-of-network
	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
Diagnostic & Preventive			
Diagnostic & Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings and crown repairs	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Major Restorative Services - crowns	80%	80%	80%
Prosthodontics Services - bridges, implants, and dentures	80%	80%	80%
Orthodontics			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit



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Maximum Payment
\$2000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1000 per person total per lifetime on Orthodontics.

Deductible
\$25 deductible per person total per calendar year limited to a maximum deductible of \$50 per family per calendar year on all services except Diagnostic & Preventive and Orthodontics.