

Benefit Highlights: Delta Dental PPO Plus Premier TM

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

Effective Date: 1/1/2025

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	No Deductible
Maximums 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**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions, Posterior Composites and Denture Repair/Reline/Rebase	80%	80%	70%
Endodontics Root Canals	80%	80%	70%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	70%
Oral Surgery	80%	80%	70%
Major Services Crowns, Inlays, Onlays and Cast Restorations	40%	40%	1%
Prosthodontics 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.

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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

