



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group #5866-6003, 9003
City of Columbus - MCP**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, and fluoride	100%	100%	100%
Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	80%	70%	70%
Sealants – to prevent decay of permanent teeth	80%	70%	70%
Radiographs – X-rays	80%	70%	70%
Minor Restorative Services – fillings and crown repair	80%	70%	70%
Endodontic Services – root canals	80%	70%	70%
Periodontic Services – to treat gum disease	80%	70%	70%
Oral Surgery Services – extractions and dental surgery	80%	70%	70%
Other Basic Services – misc. services	80%	70%	70%
Relines and Repairs – to prosthetic appliances	80%	70%	70%
Major Services			
Major Restorative Services – crowns	60%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	60%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Benefits for periodontal maintenance procedures are unlimited.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Space maintainers are payable once per area per lifetime for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable for first and second permanent molars and bicuspids for people age 18 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.

- Metallic inlays are Covered Services.
- Stainless steel or prefabricated crowns only are payable for people under age 17.
- Pulp capping is not a Covered Service.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Limited and complete occlusal adjustments are not Covered Services. Antibiotic drug injections are Covered Services.
- X-rays taken for the purpose of Orthodontic evaluation will be payable at the Orthodontic benefit level.
- Diagnostic casts and photographs taken for the purpose of Orthodontic evaluation will be payable at the Orthodontic benefit level.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per Member total per Benefit Year on all services, except diagnostic, prophylaxes (cleanings), palliative treatment, fluoride, brush biopsy, and orthodontics. \$1,850 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Maximum Carryover – If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, \$250 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

Deductible – Delta Dental PPO™ Dentist - None.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$25 Deductible per Member total per Benefit Year. The deductible does not apply to diagnostic services, prophylaxes (cleanings), fluoride, brush biopsy, emergency palliative treatment, and orthodontic services.

Also eligible are your Spouse and Children age 25 and under, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

You and your eligible Dependents may only enroll during an Open Enrollment Period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during Open Enrollment Periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate Benefits between your coverage and your Spouse's coverage.

Benefits will cease on the last day of the month in which your employment is terminated.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)

<https://www.DeltaDentalOH.com>

Document Creation Date: April 14, 2026