DELTA DENTAL

Dental Benefits Summary

Priests Mutual Benefit Society #91690000	Delta Dental PPO[SM] Network	Delta Dental Premier® Network	Out-of-Network
	No balance billing	No balance billing	Balance billing is possible
Diagnostic and Preventive Services • Oral Examinations (all types), twice per benefit period • Prophylaxis (cleanings), twice per benefit period • Bitewing x-rays, as required • Periapical x-rays, as required • Full mouth or panoramic x-ray, once every 36 months • Periodontal maintenance, twice per benefit period (subject to prophylaxis frequency limitation) • Emergency palliative treatment • Brush biopsy to detect oral cancer	100%	80%	70%
Basic Services • Fillings: amalgam, composites on front teeth • Periodontics • Endodontics • Extractions: simple & surgical • General anesthesia in conjunction with covered surgical procedures	90%	80%	50%
Major Services • Prosthodontics: bridges and dentures, once in 5 years • Crowns, jackets, labial veneers, inlays & onlays, once in 5 years • Oral surgery (except for extractions covered under Basic) • Implants, as well as bone grafts, once in 5 years per tooth	80%	80%	50%
Orthodontia Services	Not Covered	Not Covered	Not Covered
Annual Deductible (Applies to Basic & Major services)	$75	$75	$75
Annual Benefit Maximum	$2,500	$2,500	$2,500
Healthy Smiles Healthy Lives Program: 2 additional cleanings are covered per benefit period for patients who are diabetic, have a suppressed immune system, or have a history of periodontal therapy			

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.



This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.