

Delta Dental PPO (or Delta Dental Premier)

Payment Example:	Delta Dental PPOSM Network	Delta Dental Premier[®] Network	Out-of-Network
Dentist Charge for Covered Procedure	\$1,200.00	\$1,200.00	\$1,200.00
Plan Allowance	\$729.00	\$925.00	\$705.00
Plan Coinsurance	50%	50%	50%
Plan Payment	\$364.50	\$462.50	\$352.50
Patient Payment	\$364.50	\$462.50	\$847.50
Amount Dentist Receives	\$729.00	\$925.00	\$1,200.00

Note: Example shown for illustrative purposes only. Payment structures may vary between plans.