

Delta Dental PPO (Pays PPO Network Only)

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	N/A	N/A
Plan Coinsurance	50%	No Coverage	No Coverage
Plan Payment	\$364.50	\$0	\$0
Patient Payment	\$364.50	\$1,200.00	\$1,200.00
Amount Dentist Receives	\$729.00	\$1,200.00	\$1,200.00

Note: Example shown for illustrative purposes only. Enrollees must visit a Delta Dental PPO participating dentist to receive benefits. Services received by any dentist that does not participate in Delta Dental's PPO network will not be covered, with the exception of emergency services. Emergency services provided by an out-of-network dentist are limited to a maximum of \$50 per contract year.