



Delta Dental of Ohio Dental Benefit Highlights for Ohio Chamber of Commerce 2022 10-99 Plan Options

The following chart indicates the <i>Non-EHB Dental Benefits</i> covered by Delta Dental of Ohio. Effective any date through December 31, 2022 for a one-year contract.	Delta Dental PPO™ (Point-of-Service)			Plan Options (Select One)		Monthly Premium	
	In Network		Out-of-Network	<input type="checkbox"/>			
	Delta Dental PPO Dentist	Delta Dental Premier* Dentist	Nonparticipating Dentist				
Diagnostic and Preventive							
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%	<input type="checkbox"/>	Base Plan	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$29.58 \$58.14 \$73.48 \$103.11
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	<input type="checkbox"/>	Increase endodontics and periodontal coinsurance to 80%	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$31.26 \$61.06 \$75.73 \$106.59
Sealants – to prevent decay of permanent teeth	100%	100%	100%	<input type="checkbox"/>	Increase Annual Maximum to \$1,500	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$32.19 \$63.28 \$79.02 \$111.24
Brush Biopsy – to detect oral cancer	100%	100%	100%	<input type="checkbox"/>	Add Child Orthodontics (up to age 19) 50% coverage with \$1,000 lifetime maximum	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$29.58 \$58.14 \$81.30 \$110.94
Bitewing Radiographs – bitewing X-rays	100%	100%	100%	<input type="checkbox"/>	Increase endodontics and periodontal coinsurance to 80% Increase Annual Maximum to \$1,500	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$34.58 \$67.53 \$82.78 \$116.88
Basic Services							
All Other Radiographs – other X-rays	80%	80%	80%	<input type="checkbox"/>	Increase endodontics and periodontal coinsurance to 80% Add Child Orthodontics (up to age 19) 50% coverage with \$1,000 lifetime maximum	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$31.26 \$61.06 \$82.89 \$113.72
Minor Restorative Services – fillings and crown repair	80%	80%	80%	<input type="checkbox"/>	Increase Annual Maximum to \$1,500 Add Child Orthodontics (up to age 19) 50% coverage with \$1,000 lifetime maximum	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$32.19 \$63.28 \$86.49 \$118.68
Simple Extractions – non-surgical removal of teeth	80%	80%	80%	<input type="checkbox"/>	Increase endodontics and periodontal coinsurance to 80% Increase Annual Maximum to \$1,500 Add Child Orthodontics (up to age 19) 50% coverage with \$1,000 lifetime maximum	Employee Employee and spouse Employee and child(ren) Employee, spouse, and children	\$34.58 \$67.53 \$90.61 \$124.69
Other Basic Services – misc. services	80%	80%	80%	<input type="checkbox"/>			
Major Services							
Endodontics – root canals	50%	50%	50%				
Periodontics – to treat gum disease	50%	50%	50%				
Oral Surgery Services – dental surgery	50%	50%	50%				
Major Restorative Services – crowns	50%	50%	50%				
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%				
Prosthodontics – bridges, dentures, and implants	50%	50%	50%				
Deductible – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, and bitewing X-rays.							
Annual Maximum – \$1,000 per person per calendar year on diagnostic and preventive services, basic services, and major services.							

1 Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

2 These rates are valid through December 31, 2022 for a one-year contract.

¹ Above plan designs assume Delta Dental's standard limitations unless otherwise noted.

² These rates are valid through December 31, 2022 for a one-year contract.

³ Rates do not include any applicable claims taxes.

⁴ Internal COB is not allowed.

⁵ 10-99 lives with 25% minimum required participation

⁶ Child Orthodontic coverage is available for groups of 25 or more enrolled employees or with proof of current orthodontic coverage