



Dental Plan Options
County Employee Benefits Consortium of Ohio
(CEBCO)

DeltaPreferred Option USA (DPO USA) is a national point-of-service preferred provider organization administered by Delta Dental Plan of Ohio. You can go to any licensed dentist, but you could increase your benefits and lower your out-of-pocket costs by going to a DPO dentist. If you do not go to a DPO dentist, you will be covered by DeltaPremier USA, our carefully managed fee-for-service program. However, you might have to pay more. **Plan 3 is a silent PPO which means the same benefits apply whether you go to a participating or non-participating dentist. It will essentially function as a traditional dental program.**

	Plan 1		Plan 2		Plan3 (Silent PPO)	
	DPO Dentist	DeltaPremier or Nonparticipating Dentist	DPO Dentist	DeltaPremier or Nonparticipating Dentist	DPO Dentist	DeltaPremier or Nonparticipating Dentist
CLASS I						
Diagnostic and Preventive Service – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	90%	100%	85%	100%	100%
Emergency Palliative Treatment – Used to temporarily relieve pain.	100%	90%	100%	85%	100%	100%
Radiographs – X-rays.	100%	90%	100%	85%	100%	100%
Sealants – Dental sealants to prevent decay of permanent molars (to age nine on first molars and age 14 on second molars).	100%	90%	100%	85%	100%	100%
CLASS II						
Oral Surgery Services – Extractions and dental surgery, including preoperative and postoperative care.	80%	70%	80%	65%	80%	80%
Relines and Repairs – Relines and repairs to bridges and dentures.	80%	70%	80%	65%	80%	80%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, amalgam [silver] and resin [white] fillings).	80%	70%	80%	65%	80%	80%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth.	80%	70%	80%	65%	80%	80%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	70%	80%	65%	80%	80%
CLASS III						
Prosthetic Services – Used to replace missing natural teeth (for example, bridges and dentures).	50%	40%	50%	35%	50%	50%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns).	50%	40%	50%	35%	50%	50%
CLASS IV						
Orthodontic Services (to age 19 or no age limit) – Used to correct malposed teeth and/or facial bones (for example, braces).	50%	40%	50%	35%	50%	50%



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Maximum Payment – The per person total per calendar year for Class I, Class II and Class III Benefits is:		\$1,500		\$1,000		\$1,000
Delta Dental’s payment for Class IV Benefits will not exceed a lifetime maximum per eligible person of:		\$1,000		\$1,000		\$1,000
Deductible – Applies per calendar year to Class II and Class III benefits. The deductible does not apply to Class I or Class IV Benefits.	None	\$25 per person \$75 per family	\$25 per person \$75 per family	\$50 per person \$150 per family	\$50 per person \$150 per family	\$50 per person \$150 per family

Customer Service toll-free number (800) 524-0149
www.deltadental.com

This document is intended as a supplement to your Dental Care Booklet and Summary of Dental Plan Benefits. Please refer to your booklet and summary for policy exclusions and limitations.