

Plan Benefit Highlights for: EPC Benefit Resources, Inc.

Group No: 20353

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	\$25 per person / \$75 per family each calendar year			
	Yes			
Maximums D & P counts toward maximum?	Low Plan: \$500 per person each calendar year High Plan: \$1,500 per person each calendar year			
	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

	Low Plan		High Plan	
Benefits and Covered Services*	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %	100 %	100 %
Basic Services Fillings, simple extractions, space maintainers, stainless steel crowns, denture repairs/reline and sealants	80 %	80 %	80 %	80 %
Endodontics (root canals)	0 %	0 %	50 %	50 %
Periodontics (gum treatment)	0 %	0 %	50 %	50 %
Oral Surgery	0 %	0 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges and dentures	0 %	0 %	50 %	50 %
Orthodontic Benefits Dependent children to age 19	0 %	0 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

† Reimbursement is based on based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

HLT_PPO_2COL_HILO_DDIC (Rev. 4/7/2021)