



Delta Dental of Nebraska

Pathfinder

Delta Dental PPO Plus Premier™

2023 Pathfinder Plans

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
Basic Restorative Services No Waiting Period	Sealants	80%
	Space maintainers	80%
	Amalgam (silver) fillings	80%
	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
Endodontic Services Waiting Period - 12 Months	Pulpal therapy	55%
	Root canal therapy	55%
	Pulpotomy	55%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, onlays, crowns and crown repair*	55%
	Removable prosthetic services-dentures and partials**	55%
	Fixed prosthetic services - bridges**	55%
	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		24 months

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

*Pin post core and crown build up not covered.

**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 2

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
Basic Restorative Services No Waiting Period	Sealants	80%
	Space maintainers	80%
	Amalgam (silver) fillings	80%
	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
Endodontic Services Waiting Period - 12 Months	Pulpal therapy	80%
	Root canal therapy	80%
	Pulpotomy	80%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, onlays, crowns and crown repair*	55%
	Removable prosthetic services-dentures and partials**	55%
	Fixed prosthetic services - bridges**	55%
	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

*Pin post core and crown build up not covered.

**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 3

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
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Pathfinder 4

2-100 Eligible Employees
Delta Dental PPO Plus Premier™
12-Month Contract

2023
Delta Dental of Nebraska
Pathfinder Plans

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
Basic Restorative Services No Waiting Period	Sealants	80%
	Space maintainers	80%
	Amalgam (silver) fillings	80%
	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery No Waiting Period	Simple extraction of erupted tooth or exposed root	55%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
Endodontic Services No Waiting Period	Pulpal therapy	55%
	Root canal therapy	55%
	Pulpotomy	55%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	55%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, onlays, crowns and crown repair*	55%
	Removable prosthetic services-dentures and partials**	55%
	Fixed prosthetic services - bridges**	55%
	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

*Pin post core and crown build up not covered.

**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 4

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
Basic Restorative Services No Waiting Period	Sealants	80%
	Space maintainers	80%
	Amalgam (silver) fillings	80%
	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
Endodontic Services Waiting Period - 12 Months	Pulpal therapy	80%
	Root canal therapy	80%
	Pulpotomy	80%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, onlays, crowns and crown repair*	55%
	Removable prosthetic services-dentures and partials**	55%
	Fixed prosthetic services - bridges**	55%
	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guidelines Below
	Lifetime Deductible - Per person / family	\$100/\$300
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

*Pin post core and crown build up not covered.

**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 5

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
Basic Restorative Services No Waiting Period	Sealants	80%
	Space maintainers	80%
	Amalgam (silver) fillings	80%
	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery No Waiting Period	Simple extraction of erupted tooth or exposed root	55%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
Endodontic Services No Waiting Period	Pulpal therapy	80%
	Root canal therapy	80%
	Pulpotomy	80%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, onlays, crowns and crown repair*	55%
	Removable prosthetic services-dentures and partials**	55%
	Fixed prosthetic services - bridges**	55%
	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Child Orthodontic Coverage No Waiting Period	Child orthodontic lifetime maximum	\$1,000
	Child orthodontic coverage for ages 8 to 19	50%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guidelines Below
	Lifetime Deductible - Per person / family	\$100/\$300
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

OON - Out of Network PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

*Pin post core and crown build up not covered.

**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 6

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services. It does not apply to Orthodontic Services.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.