DELTA DENTAL®

Delta Dental of Nebraska

Dental Plans for All Employers

2019 Plans:

Delta Dental PPO Plus Premier™ - Dental Access

Delta Dental PPO Plus Premier™ - Millennium Choice

Delta Dental PPO Plus Premier™ - Dental Flex

Delta Dental PPO Plus Premier™ - Dental Discover

Delta Dental PPO Plus Premier™ - **Dental Access**

2019 Nebraska
Dental Plans for All Employers

5-199 Eligible Employees

Network(s)
Delta Dental PPO™
Delta Dental Premier®

Service	Description	Plan Design 1	Plan Design 2
Diagnostic and Preventive Care	Oral evaluations/checkups, X-rays, fluoride treatments, sealants, space maintainers,	100%	100%
	Cleanings - up to 4 per calendar year	100%	100%
Basic Care No waiting period	**Basic Restorative Care** Amalgam (silver) fillings, palliative treatment for emergencies, all composite resins	80%	50%
Basic Care 6-month waiting period	**Endodontic Therapy** Pulpal therapy, root canal therapy, pulpotomy	80%	50%
	Periodontal Care Surgical and non-surgical periodontal care	80%	50%
Complex or Major Restorative Care 6-month waiting period	**Basic Oral Surgery** Basic extraction of erupted tooth or exposed root	50%	50%
	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%
	Implants	50%	50%
	Onlays, crowns and crown repairs	50%	50%
	Prosthetic Services Removable prosthetic services - dentures and partials	50%	50%
	Fixed prosthetic services - bridges	50%	50%
	Repairs - removable and fixed prosthetic service	50%	50%
Deductible	Per person/per family No deductible for diagnostic and preventive services	$50/$150 annual or $100/$300 lifetime	$50/$150 annual or $100/$300 lifetime
Annual Maximum	Per person / per calendar year	$1,000, $1,500 or $2,000	$1,000, $1,500 or $2,000
Optional Orthodontic Coverage	Available to all members ages 8 or older.	50% *Lifetime orthodontic maximum mirrors selected annual plan maximum*	

Guidelines for Dental Access

- Plan Design 1 offering Basic Services covered at 80%.
- Plan Design 2 offering Basic Services covered at 50%.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Diagnostic and preventive services do not apply to the annual maximum.
- A 6-month waiting period applies to endodontic, periodontic, oral surgery, major, prosthetic repairs, prosthetics and orthodontic services. For groups that have had at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are permanently waived.
- Posterior composites do not alternate to the amalgam benefit.
- Out-of-network providers are reimbursed at 80% of the usual and customary amount.
- A minimum of five subscribers must enroll.
- Annual open enrollment.
- Routine cleanings are covered four times per calendar year.
- Dental offices and clinics are not eligible.

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.
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Delta Dental PPO Plus Premier™ - Millennium Choice

2019 Nebraska
Dental Plans for All Employers

5-199 Eligible Employees

Network(s)
Delta Dental PPO™
Delta Dental Premier®

Employer Contribution
Optional

Employer Selection(s)
1 Plan with choice of deductible, annual maximum and orthodontic coverage

Service	Description	PPO™	Premier®/OON
Diagnostic and Preventive Care	Oral evaluations/checkups, X-rays, dental cleanings, fluoride treatments	100%	100%
Other Preventive Care	Space maintainers	85%	80%*
Basic Care	**Basic Restorative Care** Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	85%	80%*
	Basic Oral Surgery Basic extraction of erupted tooth or exposed root	85%	80%
	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth and tooth roots	85%	80%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services	85%	80%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	85%	80%
	Complex Endodontic Care Hemisection, apicoectomy	85%	80%
	Basic Periodontal Care Non-surgical periodontal care	85%	80%
	Complex Surgical Periodontal Care Surgical periodontal care	85%	80%
Complex or Major Restorative Care	Inlays	alternate treatment	alternate treatment
	Crowns and crown repairs	50%	50%
	Posterior Composite Resins	50%	50%
	Prosthetic Services Removable prosthetic services- dentures and partials	50%	50%
	Fixed prosthetic services - bridges	50%	50%
	Restorative cast post and core buildup, including pins and posts for bridge	N/A	N/A
	Repairs - removable and fixed prosthetic service	50%	50%
	Implants	50%	50%
Deductible	Per person/per family (calendar year) No deductible for diagnostic and preventive services	none	$25/$75 or $50/$150
Annual Maximum	Per person / per calendar year	$,1000 or $1,500	$1,000 or $1,500
Optional Orthodontic Coverage	A minimum of 5 enrolled employees required. Available only for dependent children, ages 8-18.	50% $1,000 lifetime maximum	

Guidelines for Millennium Choice

- A minimum of five subscribers must enroll. Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan.
- Annual open enrollment.
- For new groups not covered by an existing dental plan, the published waiting periods apply. For groups with at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are initially waived.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Annual deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 24-month missing tooth clause applies to prosthetic services.
- Routine cleanings are covered twice per calendar year.
- Posterior composites do not alternate to the amalgam benefit.
- Out-of-network services are reimbursed at the non-contracted provider fee schedule.

OON - Out of Network

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Delta Dental PPO Plus Premier™ - **Dental Flex**

2019 Nebraska
Dental Plans for All Employers

5+ Eligible Employees

Network(s)
Delta Dental PPO™
Delta Dental Premier®

Employer Selection(s)
1 Plan with choice of orthodontic coverage

Service	Description	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
Diagnostic and Preventive Care	Oral evaluations/checkups, X-rays, dental cleanings, fluoride treatments	100% no waiting period	80% no waiting period	80% no waiting period
Basic Care 6-month waiting period unless noted	**Basic Restorative Care** Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	80% no waiting period	50% no waiting period	50% no waiting period
	Basic Oral Surgery Care Basic extraction of erupted tooth or exposed root	50%	50%	50%
	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%	50%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	50%	50%	50%
	Basic Periodontal Care Non-surgical periodontal care	50%	50%	50%
	Complex Surgical Periodontal Care Surgical periodontal care	50%	50%	50%
	Inlays	----------	alternate treatment	----------
Complex or Major Restorative Care 12-month waiting period	Onlays, crowns and crown repairs	50%	50%	50%
	Posterior Composite Resins	50%	50%	50%
	Prosthetic Services Removable prosthetic services - dentures and partials	50%	50%	50%
	Fixed prosthetic services - bridges	50%	50%	50%
	Repairs - removable and fixed prosthetic service	50%	50%	50%
Deductible	Per person/per family (calendar year) No deductible for diagnostic and preventive services	$50/$150	$50/$150	$50/$150
Annual Maximum	Per person / per calendar year	$1,000	$1,000	$1,000
Optional Orthodontic Coverage	A minimum of 5 enrolled employees required. Available only for dependent children, ages 8-18.		50% $1,000 lifetime maximum	

Guidelines for Dental Flex

- A minimum of five subscribers must enroll.
- Annual open enrollment.
- For new groups not covered by an existing dental plan, the published waiting periods apply. For groups with at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are initially waived.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Deductible does not apply to diagnostic and preventive services, or to orthodontic services where applicable.
- A 24-month missing tooth clause applies to prosthetic services.
- Routine cleanings are covered twice per calendar year.
- Posterior composites do not alternate to the amalgam benefit.
- Out-of-network services are reimbursed at the non-contracted provider fee schedule.

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2019 Nebraska
Dental Plans for All Employers

Discover (No-Network Program)

5+ Eligible Employees

Network(s)
No Network

Employer Contribution
Contributory or Voluntary

Employer Selection(s)
1 Plan with choice of deductible and annual maximum

Service	Description	Benefit
Diagnostic and Preventive Care	Oral evaluations/checkups, X-rays, dental cleanings, fluoride treatments	100%
Basic Care	**Bitewing X-Rays** Full mouth/complete series or panoramic X-rays, periapical X-rays, occlusal X-rays	50%
	Basic Restorative Care Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	50%
	Basic Oral Surgery Basic extraction of erupted tooth or exposed root	50%
	Complex Oral Surgery Impacted tooth, bony impaction, alveoloplasty, vestibuloplasty, frenulectomy, tooth reimplementation	50%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services	50%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	50%
	Complex Endodontic Care Hemisection, apicoectomy	50%
	Basic Periodontal Care Non-surgical periodontal care	50%
	Complex Surgical Periodontal Care Surgical periodontal care	50%
Complex or Major Restorative Care	**Posterior Composite Resins**	50%
	Inlays	alternate treatment
	Crowns and crown repairs	50%
	Prosthetic Services Removable prosthetic services - dentures and partials	50%
	Fixed prosthetic services - bridges	50%
	Restorative cast post and core buildup, including pins and posts for bridge	50%
	Repairs - Removable and fixed prosthetic service	50%
Orthodontics	A minimum of 5 enrolled employees required Available only for dependent children, ages 8-18.	50% / $500 lifetime maximum
Deductible	Per person, per calendar year. Applies to all services.	$25
Annual Maximum	Per person, per calendar year. Includes orthodontic services, if eligible.	$500, $750 or $1,000

Guidelines for Discover

- A minimum of five subscribers must enroll.
- Annual open enrollment.
- For new groups not covered by an existing dental plan, the published waiting periods apply. For groups with at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are initially waived.
- Cannot provide for coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Deductible applies to all services.
- Annual maximum includes orthodontic services where applicable.
- Routine cleanings are covered twice per calendar year.
- Posterior composites do not alternate to the amalgam benefit.
- Services are reimbursed at 50% of the usual and customary amount. The plan member is responsible for the balance of the treatment cost.

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Need Assistance?
Contact Us or Visit Us Online

Delta Dental Connect℠ for Small Group Sales (5-199 Eligible Employees):

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-866-280-8367
DeltaDentalNE.org
deltadentalconnect@deltadentalne.org

Delta Dental Large Group Sales:

- ASO and Individually Rated Sales and Service (51+)
- Small group sales and services

1-800-736-0710
Barb Jensen: bjensen@deltadentalne.org
Tammee Burns: tburns@deltadentalne.org

Delta Dental Individual and Family Plans:

- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance

1-866-764-5350
DeltaDentalNE.org/Shop
sales@deltadentalne.org

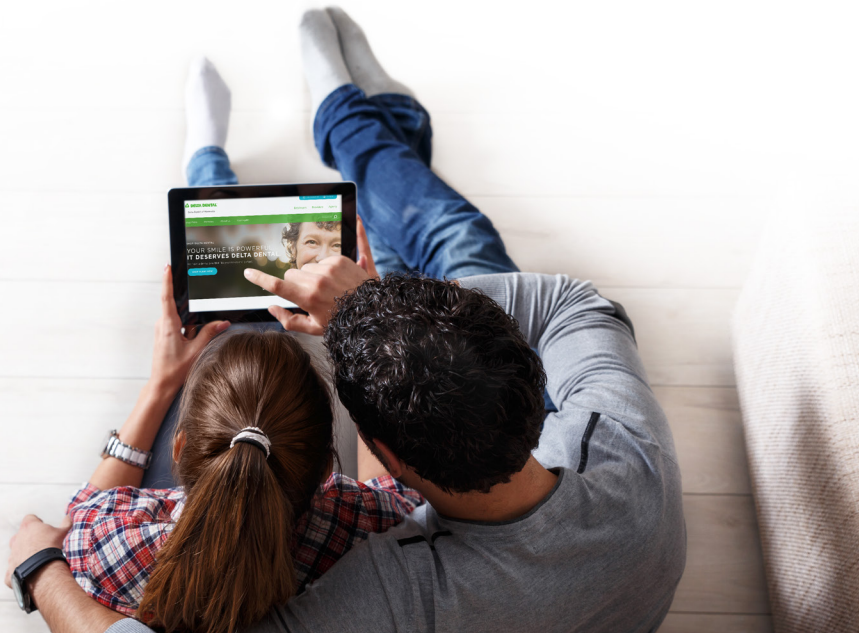
Group Customer Service

7 a.m-7 p.m. Central

1-866-827-3319

Additional Resources:
- Employee benefits
- Eligibility
- Claims status

Just A Click Away at DeltaDentalNE.org



Tools to Assist Your Clients

- Product brochures
- Customizable fliers
- Forms
- Answers to frequently asked questions

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