DELTA DENTAL®

Pleasant Valley Community School District

Group Number: 33655

Benefits Effective: 7/1/2026 to 6/30/2027

SUMMARY OF COVERAGE	Delta Dental Premier® Dentist	Out-of-Network Dentist
Deductible		
Individual	$25*	$25*
Family	$75*	$75*
Annual Benefit Maximum per person per calendar year	$1,000	

BENEFIT CATEGORIES	Coinsurance paid by member	
Diagnostic & Preventive Services routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers	0%	0%
Routine & Restorative Services cavity repair, emergency treatment	20%	20%
Posterior Composites silver filling on back teeth**	20%	20%
Endodontic Services root canals and therapy	20%	20%
Periodontal Services non-surgical procedures, gum and bone diseases, perio maintenance therapy	20%	20%
High Cost Restorations repair crowns, crowns, recementing crowns	20%	20%
Prosthetics bridges, dentures	50%	50%
Corrective Orthodontia Benefit & Lifetime Maximum Child Only	50% coinsurance and Ortho included with Annual Benefit Maximum	

*Deductible is waived for diagnostic and preventive care.

Orthodontia benefits for eligible children to age 26 and full-time students eligible to age 99.

**If you choose a tooth-colored filling for your back (posterior) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.

The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.