



Claims Administrator: Delta Dental | Group Number: PA9343

Website: <https://www1.deltadentalins.com/erie> | Phone: 1-800-932-0783

- Provides preventive, diagnostic, restorative and orthodontic dental treatment benefits for you and your covered dependents.
- Plan ID cards are not issued; use your Social Security number for member identification.

Summary of Dental Benefits

Annual Deductible

BENEFITS	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
	When using an in-network provider, deductible does not apply.	Applies to basic and major restorative services only. Deductible must be satisfied before dental benefits will pay.
Individual	\$0	\$25
Family	\$0	\$75

Annual Maximum Benefits (Does not apply to orthodontia)

	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
	\$2,000 per person (Combined limit not to exceed \$2,000 per person per calendar year)	\$1,000 per person (Combined limit not to exceed \$2,000 per person per calendar year)

Preventive & Diagnostic Services^[1]

BENEFITS	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
<ul style="list-style-type: none">• Oral examinations• X-rays• Emergency palliative treatment• Prophylaxis• Fluoride for children under 19• Space maintainers	Plan pays in full (subject to annual maximum)	Plan pays in full (subject to annual maximum)

Basic Restorative Services^[1]

BENEFITS	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Fillings • Endodontics • Periodontics • Denture repairs & relining • Crown & bridge repairs • Oral surgery • Anesthetics 	Plan pays in full (subject to annual maximum)	Plan pays 75% (subject to deductible and annual maximum)

Major Restorative Services^[1]

BENEFITS	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
<ul style="list-style-type: none"> • Inlays, onlays, & crowns • Prosthodontics • Dentures & partials • Implants 	Plan pays 50% (subject to annual maximum)	Plan pays 50% (subject to deductible and annual maximum)

Orthodontia Services^[1]

BENEFITS	IN-NETWORK DELTA PREMIER AND DELTA PREFERRED DENTISTS	OUT-OF-NETWORK
Annual maximum does not apply	Plan pays 50%; Lifetime maximum benefits: \$3,000 per person	Plan pays 50%; Lifetime maximum benefits: \$3,000 per person

1. Refer to the Benefits Summary Plan Descriptions for details on in- and out-of-network benefits and exclusions.[↗](#)