

# Benefit Highlights: Delta Dental PPO Plus Premier™

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Comprehensive)

Group Number: 22379

Effective Date: 1/1/2026

| Benefits                                            | Delta Dental PPO dentists** | Delta Dental Premier dentists** | Non-Delta Dental dentists** |
|-----------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| <b>Deductibles</b><br>per member each calendar year | No Deductible               | No Deductible                   | \$100/ \$300                |
| Deductibles waived for Diagnostic & Preventive?     | No Deductible               | No Deductible                   | Yes                         |
| Deductibles waived for Orthodontics?                | No Deductible               | No Deductible                   | No                          |
| <b>Maximums</b><br>Per member each calendar year    | \$2,500                     | \$2,000                         | \$1,500                     |
| D&P counts toward maximum?                          | No                          |                                 |                             |

| Covered Services*                                                                                                 | Delta Dental PPO dentists** | Delta Dental Premier dentists** | Non-Delta Dental dentists** |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| <b>Diagnostic &amp; Preventive Services (D&amp;P)</b><br>Exams, Cleanings, X-Rays, Sealants and Space Maintainers | 100%                        | 100%                            | 100%                        |
| <b>Basic Services</b><br>Fillings, Simple Extractions, Posterior Composites and Denture Repair/Reline/Rebase      | 85%                         | 85%                             | 75%                         |
| <b>Endodontics</b><br>Root Canals                                                                                 | 85%                         | 85%                             | 75%                         |
| <b>Periodontics</b><br>Surgical and Non-Surgical Periodontics                                                     | 85%                         | 85%                             | 75%                         |
| <b>Oral Surgery</b>                                                                                               | 85%                         | 85%                             | 75%                         |
| <b>Major Services</b><br>Crowns, Inlays, Onlays and Cast Restorations                                             | 50%                         | 50%                             | 40%                         |
| <b>Prosthodontics</b><br>Bridges and Dentures                                                                     | 50%                         | 50%                             | 40%                         |
| <b>Implants</b><br>Implant Services                                                                               | 50%                         | 50%                             | 40%                         |
| <b>Orthodontic Services</b><br>Adults and Dependent Children                                                      | 50%                         | 50%                             | 40%                         |
| <b>Orthodontic Maximums</b>                                                                                       | \$1,500 Lifetime            | \$1,500 Lifetime                | \$1,000 Lifetime            |

All deductibles, plan maximums and service specific maximums cross-accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross-accumulate between in and out of networks.

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

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

**Delta Dental of Pennsylvania**  
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Mechanicsburg, PA 17055

**Customer Service**  
888-894-7059  
deltadentalins.com

**Claims Address**  
P.O. Box 2105  
Mechanicsburg, PA 17055-6999

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.



ECMT Delta Dental  
Member Information



Revised 9/30/2025