

**Plan Benefit Highlights for:** Jackson State University

**Group No:** 16037

**Effective Date:** 01/01/2024

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>  Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	<b>Low Plan:</b> \$25 per person / \$75 per family each calendar year <b>High Plan:</b> \$50 per person / \$150 per family each calendar year			
	Yes			
<b>Maximums</b>  D & P counts toward maximum?	<b>Low Plan:</b> \$1,000 per person each calendar year <b>High Plan:</b> \$1,500 per person each calendar year			
	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits 12 Months	Prosthodontics 12 Months	Orthodontics 12 Months

<b>Benefits and Covered Services*</b>	<b>Low Plan</b>		<b>High Plan</b>	
	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Delta Dental PPO dentists<sup>†</sup></b>	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Delta Dental PPO dentists<sup>†</sup></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Benefits</b> Fillings and simple extractions	80 %	80 %	90 %	90 %
<b>Endodontics</b> (root canals)	50 %	50 %	60 %	60 %
<b>Non-Surgical Periodontics</b> (gum treatment)	80 %	80 %	90 %	90 %
<b>Surgical Periodontics</b> (gum treatment)	50 %	50 %	60 %	60 %
<b>Oral Surgery</b> Covered Under Major Services	50 %	50 %	60 %	60 %
<b>Major Benefits</b> Crowns, inlays, onlays and cast restorations	50 %	50 %	60 %	60 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %	60 %	60 %
<b>Orthodontic Benefits</b> Dependent children to age 19	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$1,000 Lifetime	\$1,000 Lifetime

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

† Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

<b>Rates</b>			
<b>Effective Dates (01/01/2024-12/31/2025)</b>			
<b>Low Plan</b>		<b>High Plan</b>	
Enrollee only	\$21.40	Enrollee only	\$31.80
Enrollee + 1 Dependent	\$40.52	Enrollee + 1 Dependent	\$64.52
Family	\$68.30	Family	\$92.44

**Delta Dental Insurance Company**  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

**Customer Service**  
800-521-2651

**Claims Address**  
P.O. Box 1809  
Alpharetta, GA 30023-1809

[deltadentalins.com](http://deltadentalins.com)

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.  
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DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS