

2024 Pathfinder Plans

Delta Dental of Nebraska

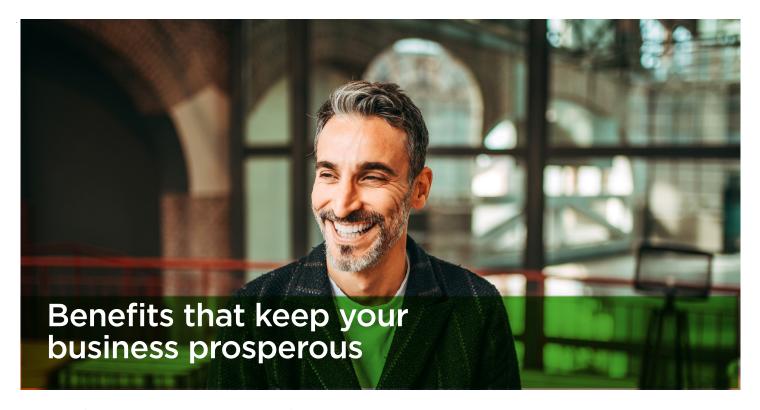
Delta Dental PPO Plus Premier™

Nebraska 2024

Delta Dental PPO plus PremierTM (2 - 100 Eligible Employees)

	Pathfinder 2	Pathfinder 3	Pathfinder 4	Pathfinder 5	Pathfinder 6
	1,000	1,000	1,000	1,000	1,000
Employee Only	\$33.02	\$31.20	\$32.14	\$32.75	\$37.23
Employee + Spouse	\$63.28	\$59.84	\$61.61	\$62.92	\$71.53
Employee + Child (ren)	\$77.47	\$71.53	\$75.43	\$75.08	\$94.25
Family	\$121.69	\$112.81	\$118.48	\$117.12	\$144.54
		Deduc	tible		
Annual Deductible: \$50/\$150	•	•	•		
Lifetime Deductible: \$100/\$300				•	•
Preventitive Care Deductible: \$50 Lifetime/Person	•	•	•		
		Unique Fe	eatures		
Preventative Care Diagnostic & preventative services do not apply to annual max		•		•	
Child Orthodontic Care					•
Posterior Composite Fillings (white)	•	•	•	•	•
Endodontic / Periodontic (80%)		•		•	•
No Waiting Periods			•		•
Missing Tooth Clause	•	•	•	•	•
Passive Network	•	•	•	•	•
24 Month Contract	•				
Network Access / Savings	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.



Dental coverage is more than just a way to attract and retain employees.



Improve productivity:

Each year, more than 92 million work hours are lost due to emergency unplanned dental care.¹



Reduce medical care costs:

Routine dental visits often detect early stages of over 120 other medical conditions.²

Benefits that keep your business thriving. Delta Dental offers better service and support to your business and its employees.



Experience you can trust: More than 157,000 businesses rely on Delta Dental to protect their employees' oral health, and over 85 million enrollees trust their smiles to Delta Dental.³



Access: Delta Dental provides one of the largest nationwide networks.



Network savings: Our network discounts provide extensive savings for employees.



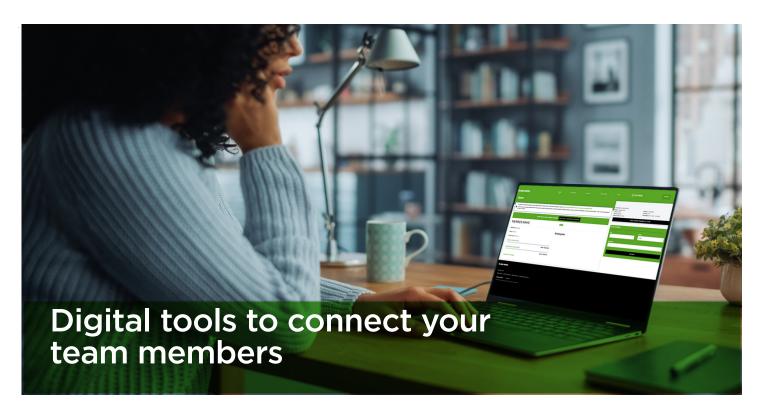
Technology & Innovation: We continue to enhance our digital tools and resources through our member portal and member app.



Service, Support, and Partnership: We provide world-class customer service, with commitment to member & client satisfaction and to the community.



Dental Expertise: We focus on the connection between oral health and overall health. The Power of Smile™ Blog and oral health resources written by our team of in-house clinicians and experienced service teams provide resources for brokers, employers and members.





Delta Dental Member Portal

The member portal provides tools for members to self serve and address questions 24/7 via computer, smart phone or tablet.

Paperless delivery

In an effort to drive sustainability and ease of use, members have full access to digital ID cards and paperless options for Eligibility of Benefits statements.

Delta Dental Mobile App

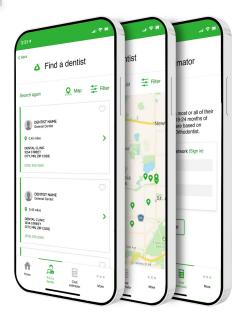
Manage your oral health anytime, anywhere.

We've designed our mobile app to make it easy for your members to make the most of their dental benefits. Search for a dentist near you, view ID cards and more, right on your mobile device.











2-100 Eligible Employees Delta Dental PPO Plus Premier™ 24-Month Contract

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
	Sealants	80%
	Space maintainers	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%
No Waiting Feriod	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
	Pulpal therapy	55%
Endodontic Services Waiting Period - 12 Months	Root canal therapy	55%
Walting Period - 12 Months	Pulpotomy	55%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
	Inlays, onlays, crowns and crown repair*	55%
Crowns and Prosthetic Services.	Removable prosthetic services-dentures and partials**	55%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		24 months
Pathfinder 2 Rates		

Employee	\$33.02
Employee + Spouse	\$63.28
Employee + Child(ren)	\$77.47
Family	\$121.69

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- 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.

^{*}Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Pathfinder 3

2-100 Eligible Employees Delta Dental PPO Plus Premier™ **12-Month Contract**

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
	Sealants	80%
	Space maintainers	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%
5	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
	Pulpal therapy	80%
Endodontic Services Waiting Period - 12 Months	Root canal therapy	80%
	Pulpotomy	80%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
	Inlays, onlays, crowns and crown repair*	55%
Crowns and Prosthetic Services.	Removable prosthetic services-dentures and partials**	55%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months
Pathfinder 3 Rates		
Employee	\$31.20	

Employee + Child(ren) \$71.53

Family \$112.81

OON - Out of Network PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

Guidelines for Pathfinder Plan 3

Employee + Spouse

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.

\$59.84

- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- 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.

^{*}Pin post core and crown build up not covered.

^{**}A 24-month missing tooth clause applies to prosthetic services.



2-100 Eligible Employees Delta Dental PPO Plus Premier™ 12-Month Contract

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
	Sealants	80%
	Space maintainers	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%
No Walting Follow	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%
No Waiting Period	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
	Pulpal therapy	55%
Endodontic Services No Waiting Period	Root canal therapy	55%
	Pulpotomy	55%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	55%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
	Inlays, onlays, crowns and crown repair*	55%
Crowns and Prosthetic Services.	Removable prosthetic services-dentures and partials**	55%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%
No Waiting Period	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$50
	Annual Deductible - Per person / family	\$50/\$150
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

Pathfinder 4 Rates

Employee	\$32.14
Employee + Spouse	\$61.61
Employee + Child(ren)	\$75.43
Family	\$118.48

OON - Out of Network PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services where applicable.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- 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.

^{*}Pin post core and crown build up not covered.

^{**}A 24-month missing tooth clause applies to prosthetic services.



2-100 Eligible Employees Delta Dental PPO Plus Premier™ **12-Month Contract**

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
	Sealants	80%
	Space maintainers	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%
no maning ronou	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
	Pulpal therapy	80%
Endodontic Services Waiting Period - 12 Months	Root canal therapy	80%
	Pulpotomy	80%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
	Inlays, onlays, crowns and crown repair*	55%
Crowns and Prosthetic Services.	Removable prosthetic services-dentures and partials**	55%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guidelines Below
	Lifetime Deductible - Per person / family	\$100/\$300
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

Pathfinder 5 Rates

Employee	\$32.75
Employee + Spouse	\$62.92
Employee + Child(ren)	\$75.08
Family	\$117.12

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- 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.

^{*}Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.



2-100 Eligible Employees Delta Dental PPO Plus Premier™ **12-Month Contract**

Service	Description	PPO / Premier / OON
Diagnostic / Preventive Services No Waiting Period	Oral evaluations	100%
	Cleanings - 2 per year	100%
	X-rays	100%
	Fluoride treatments	100%
	Sealants	80%
	Space maintainers	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%
No Walting Ferrou	Anterior composite resin fillings	80%
	Palliative treatment for emergencies	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%
No Waiting Period	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%
	Pulpal therapy	80%
Endodontic Services No Waiting Period	Root canal therapy	80%
To Watering Ferrou	Pulpotomy	80%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	80%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	80%
	Inlays, onlays, crowns and crown repair*	55%
Crowns and Prosthetic Services.	Removable prosthetic services-dentures and partials**	55%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%
No Waiting Period	Repairs of removable and fixed prosthetic services**	55%
	Implants**	55%
Child Orthodontic Coverage	Child orthodontic lifetime maximum	\$1,000
No Waiting Period	Child orthodontic coverage for ages 8 to 19	50%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guidelines Below
	Lifetime Deductible - Per person / family	\$100/\$300
Annual Maximum	Per person / per calendar year	\$1,000
Contract Length		12 months

Pathfinder 6 Rates

Employee	\$37.23
Employee + Spouse	\$71.53
Employee + Child(ren)	\$94.25
Family	\$144.54

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services. It does not apply to Orthodontic Services.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Nebraska's allowable fee and the fees charged by the non-participating dentist.
- 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.

^{*}Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Contact Us or Visit Us Online

DeltaDentalNE.org

Small Business Sales:

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

1-866-280-8367

DeltaDentalNE.org/agents

Deltadentalconnect@deltadentalne.org

Large Client Sales:

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

Individual and Family Dental Plans:

- Plan descriptions
- Sales & enrollment assistance

1-866-764-5350

DeltaDentalNE.org/shop

Sales@deltadentalne.org

Employer Services:

Additional Resources - Enrollment and Billing

- Employee benefits
- Enrollment
- Claims status
- Billing

1-866-827-3319

7 a.m.-7 p.m. CST/CDT



Eligibility Address

Delta Dental of Nebraska Attn: Enrollment Department P.O. Box 30416 Lansing, MI 48909-7916

Eligibility@mydeltadental.com

Corporate Address

Delta Dental of Nebraska 1299 Farnam Street Suite 300 Omaha, NE 68102

Just A Click Away at DeltaDentalNE.org

Tools to Assist Your Clients

- Product brochures
- Forms
- Answers to frequently asked questions deltadentalne.org/frequently-asked-questions

The Delta Dental Difference

- Dental expertise
- Superior service
- Largest networks
- Exceptional savings

DeltaDentalNE.org

1299 Farnam Street, Suite 300 Omaha, NE 68102



Delta Dental of Nebraska

1 US Department of Health and Human Services, Centers of Disease Control and Prevention, Hours Lost to Planned and Unplanned Dental Visits Among US Adults, January 11, 2018; https://www.cdc.gov/pcd/issues/2018/17_0225.html

2 Delta Dental Plans Association, 2018

3 Delta Dental Plans Association, 2021

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