

Benefit Highlights: Delta Dental PPO Plus Premier TM

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Basic)
Group Number: 22379

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	No Deductible
Maximums Per member each calendar year	\$2,000	\$1,500	\$1,000
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions, Posterior Composites and Denture Repair/Reline/Rebase	80%	80%	70%
Endodontics Root Canals	80%	80%	70%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	70%
Oral Surgery	80%	80%	70%
Major Services Crowns, Inlays, Onlays and Cast Restorations	40%	40%	1%
Prosthodontics Bridges and Dentures	40%	40%	1%

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 One Delta Drive Mechanicsburg, PA 17055	Customer Service 888-894-7059 deltadentalins.com	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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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



Benefit Highlights: Delta Dental PPO Plus PremierTM

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

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Delta Dental of Pennsylvania
 One Delta Drive
 Mechanicsburg, PA 17055

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 888-894-7059
 deltadentalins.com

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ECMT Delta Dental
 Member Information



Revised 9/30/2025

Benefit Highlights: Delta Dental PPO Plus Premier™

Plan Benefit Highlights for: The Episcopal Church Medical Trust (Delta Dental Premium)
Group Number: 22379

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	N/A	N/A	Yes
Deductibles waived for Orthodontics?	N/A	N/A	No
Maximums Per member each calendar year	\$3,000	\$2,500	\$2,000
D&P counts toward maximum?	No		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions, Posterior Composites and Denture Reline/Repair/Rebase	85%	85%	75%
Endodontics Root Canals	85%	85%	75%
Periodontics Surgical and Non-Surgical Periodontics	85%	85%	75%
Oral Surgery	85%	85%	75%
Major Services Crowns, Inlays, Onlays and Cast Restorations	85%	85%	75%
Prosthodontics Bridges and Dentures	85%	85%	75%
Implants Implant Services	85%	85%	75%
Orthodontic Services Adults and Dependent Children	50%	50%	40%
Orthodontic Deductible	No Deductible	No Deductible	\$50 Lifetime
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime	\$1,500 Lifetime

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Revised 9/30/2025