



DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO¹ dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.² Find a dentist at deltadentalins.com.³

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental PPO dentist near you.

SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.



WE KEEP YOU SMILING[®]

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
Maximums	Low Plan: \$750 per person each calendar year High Plan: † \$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental DPO dentists**	Non-Delta Dental DPO Dentists**	Delta Dental DPO dentists**	Non-Delta Dental DPO Dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %	80 %
Endodontics (root canals) Covered Under Major Services	0 %	0 %	50 %	50 %
Periodontics (gum treatment) Covered Under Major Services	0 %	0 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges and dentures	0 %	0 %	50 %	50 %
Orthodontic Benefits Dependent children	0 %	0 %	50 %	50 %
Orthodontic Maximums	Not applicable	Not applicable	\$ 1,000 Lifetime	\$ 1,000 Lifetime
Rates	Employee Only	\$20.18	Employee Only	\$36.53
	Employee + Spouse	\$42.43	Employee + Spouse	\$82.87
	Employee + Child(ren)	\$40.36	Employee + Child(ren)	\$81.06
	Employee + Spouse and Child(ren)	\$62.61	Employee + Spouse and Child(ren)	\$121.13

* 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.
 ** Fees are based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.
 † Maximum rollover applies to the High plan only of up to \$350 of the unused portion of members' annual maximum from the previous calendar year up to a cumulative total of \$1,500 provided enrollee meets the qualifying conditions: previous year's claims must not exceed \$500 and at least one preventive claim covered treatment during previous calendar year.

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
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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.