

# A smart choice for dental coverage



## What is Delta Dental PPO?

Delta Dental PPO is a plan that covers a percentage of your costs for covered dental services. After you meet your annual deductible, you pay your share of the bill and your plan pays the rest. Simple! You can visit any licensed dentist, but you'll usually save the most with a Delta Dental PPO dentist. Why? Because our in-network dentists accept discounted fees for plan enrollees.

Once you enroll, you'll get coverage for diagnostic and preventive care, including exams, cleanings and x-rays. Each plan also covers services like fillings and simple tooth extractions. And, because regular dental exams can help keep your teeth healthy, there are no waiting periods for cleanings and exams.<sup>1</sup> Your Delta Dental PPO plan will keep you smiling well into the future!

Check out the highlights on page three to find out more about this plan's covered services.

## How do I know if a Delta Dental PPO plan is the right plan for me?

Delta Dental PPO could be a smart choice if you like to keep your dentist options open. You can visit any licensed dentist, but with our large network, you'll have access to lots of Delta Dental PPO dentists who can save you money.

Use our [Find a Dentist](#) tool to locate a Delta Dental dentist near you. Too many choices? The included Yelp ratings may help you decide.

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

**Claims and Correspondence**  
P.O. Box 1809  
Alpharetta, GA 30023

**Customer Service**  
888-282-8784  
deltadentalins.com



## What else should I know about Delta Dental PPO?

When you visit a Delta Dental dentist, the process is straightforward. You don't even need a dental plan ID card. Just provide your name, birth date and enrollee ID or social security number. Once your visit is complete, you simply pay your portion of the bill, and we take care of the remainder.<sup>2</sup>

You have online resources at your convenience as well. Look up your plan information on your computer, tablet or mobile phone to view benefits and claims information, display your ID card, get cost estimates for common procedures and learn more about dental health. No matter where you are, we've got you covered.

With a Delta Dental PPO plan, you can get the care you need with the dentist you choose. We'll take care of the rest.

This benefit information is only a summary and is not intended to replace or serve as the plan Policy. Please consult the plan Policy for a description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan Policy, the terms of the Policy will prevail. **You can obtain a complete plan Policy, including copayment schedule, limitations and exclusions, by talking to your broker, visiting [deltadentalins.com/individuals/plans/](https://deltadentalins.com/individuals/plans/) or calling 888-282-8784.** If you call, you will need to provide your broker's ID number to the representative.

<sup>1</sup> See your plan policy for complete details about your coverage.

<sup>2</sup> Your share of the bill may include applicable deductibles, amounts over plan maximums and charges for non-covered services.

# Delta Dental Individual & Family™

## Delta Dental PPO™

### Basic Plan for Families



## Plan Highlights<sup>1</sup>

|   |                                  |                                      |
|---|----------------------------------|--------------------------------------|
| <b>Eligibility:</b> Primary enrollee, spouse (includes domestic partner), eligible dependent children up to age 26. |                                  |                                      |
| <b>Deductibles and Maximums</b>   | <b>Basic</b>                     |                                      |
| <b>Calendar Year Deductible</b>   |                                  |                                      |
| Per Enrollee  | \$50                             |                                      |
| Family  | \$150                            |                                      |
| <b>Annual Maximum Per Calendar Year Per enrollee</b>  | \$1,000                          |                                      |
| <b>Orthodontic Deductible Per enrollee</b>  | N/A                              |                                      |
| <b>Orthodontic Lifetime Maximum Per enrollee</b>  | N/A                              |                                      |
| <b>Covered Services<sup>2</sup></b>   | <b>Delta Dental PPO dentists</b> | <b>Non-Delta Dental PPO dentists</b> |
| <b>Diagnostic and Preventive (D&amp;P) Services</b><br>Exams, cleanings, x-rays and sealants                        | 100%                             | 100%                                 |
| <b>Basic Services</b><br>Fillings, emergency treatment to relieve pain  | 50%                              | 50%                                  |
| <b>Periodontics</b><br>Gum treatments   | Not a benefit                    |                                      |
| <b>Prosthodontics</b><br>Bridges, dentures, implants  | Not a benefit                    |                                      |
| <b>Major Services</b><br>Root canals, oral surgery, crowns, inlays, onlays, cast restorations                       | Not a benefit                    |                                      |
| <b>Orthodontics</b><br>Adults and dependent children  | Not a benefit                    |                                      |
| <b>Waiting Periods</b>  |                                  |                                      |
| D&P Services  | None                             |                                      |
| Basic Services  | 6 months                         |                                      |
| Major Services  | N/A                              |                                      |
| Orthodontics  | N/A                              |                                      |

<sup>1</sup> Reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and is not intended or designed to replace or serve as the plan Policy. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan.

<sup>2</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.