



Delta Dental Individual & Family™
Delta Dental PPO™
Preferred Plan for Families

A smart choice for
dental coverage.

What is Delta Dental PPO?

Delta Dental PPO is a coinsurance plan that shares your costs for covered dental services. After you meet your annual deductible, Delta Dental pays a percentage of your bill¹ and you pay the rest. Simple!

With this plan, you can visit any dentist, but you'll save the most with a Delta Dental PPO dentist. Why? Because our in-network dentists accept reduced fees for plan enrollees.



Check out the highlights on page 3 to find out what services are covered and what your share would be. Want more? View the full plan design, plus limitations and exclusions, [here](#).

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

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

Customer Service
888-857-0314
deltadentalins.com

Is a Delta Dental PPO plan right for me?

Delta Dental PPO could be a smart choice if you like to have plenty of options. Because Delta Dental has one of the largest networks in the country, you have lots of dentists to choose from who can save you money.²



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

Delta Dental PPO plans are built around your oral health. That's why we focus on coverage for important preventive services like dental exams and routine cleanings.

Get the care you need with the dentist you choose, and let Delta Dental handle the rest.

Questions?



888-857-0314



deltadentalins.com

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. To view plan benefits, limitations and exclusions, [click here](#) or call **888-857-0314**.

¹ For adult benefits, once the plan maximum is reached, all charges are the responsibility of the patient.

² NetMinder Dental Network Trend Report, March 2020. Based on total unique dentists nationwide.

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Plan Highlights^{1,2}

Deductibles and Maximums per Calendar Year	Pediatric Benefits (up to age 19)				Adult Benefits (age 19 and older)			
	Delta Dental PPO or Delta Dental Premier Dentist		Non-Delta Dental Dentist		Delta Dental PPO or Delta Dental Premier Dentist		Non-Delta Dental Dentist	
Deductible Per enrollee Family (three or more enrollees)	\$40 Not applicable		\$75 Not applicable		\$50 \$150		\$50 \$150	
Deductible Waived for Diagnostic and Preventive Services	Yes		Yes		Yes		Yes	
Annual Maximum Maximum the plan will pay each year for services per person.	None		None		\$1,000		\$1,000	
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. ³	\$350 for one pediatric enrollee, \$700 for two or more pediatric enrollees		\$350 for one pediatric enrollee, \$700 for two or more pediatric enrollees		None		None	
Covered Services	Delta Dental Pays	Enrollee Pays	Delta Dental Pays	Enrollee Pays	Delta Dental Pays	Enrollee Pays	Delta Dental Pays	Enrollee Pays
Diagnostic and Preventive Services	100%	0%	100%	0%	100%	0%	100%	0%
Basic Services	80%	20%	80%	20%	80%	20%	80%	20%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontic Services Medically necessary (requires prior authorization)	50%	50%	50%	50%	Not a benefit		Not a benefit	
Waiting Periods Major Services	None		None		12 months		12 months	

¹ Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan Policy for complete limitations and exclusions for this plan.

² Coverage may not be available in all areas. If applicable, service areas are detailed in the limitations and exclusions.

³ The Out-of-Pocket Maximums for Delta Dental PPO or Delta Dental Premier dentists and for Non-Delta Dental dentists are separate. If only one Pediatric Enrollee is covered and switches among types of dentists during a Calendar Year, the total paid in Out-of-Pocket Maximums would not exceed \$700 each Calendar Year. If two or more Pediatric Enrollees are covered and Pediatric Enrollee(s) switch among types of dentists during a Calendar Year, the total paid in Out-of-Pocket Maximums would not exceed \$1,400 each Calendar Year.

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您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 888-857-0314 (TTY: 711)。 (Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 888-857-0314 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 888-857-0314 (TTY: 711)번으로 연락하십시오. (Korean)

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هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانية اتصل بـ 888-857-0314 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posibilite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 888-857-0314 (TTY: 711). (Haitian Creole)

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צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דא קען אייך העלפן אים צו לייענען. עס איז אויך מעגלעך, אז איר קענט באקומען דעם דאזיקן דאקומענט אין אייער שפראך. פאר אומזיסטע הילף קענט איר אנקלינגען אט די דאזיקע נומער: 888-857-0314 ס'איז דא א נומער פאר מענטשען, וואס הערן ניט: 711 (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóolta'hígíí nihee hólq. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago ałdó' nich'í' ádooníłt'go bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 888-857-0314 (TTY: 711) (Navajo)