



Delta Dental Individual & Family™

**Delta Dental PPO™
Preventive Plan for Families**

A smart choice for dental coverage.

What is the Preventive Plan for Families?

The Preventive Plan for Families is a Delta Dental PPO plan designed to make preventive dental care affordable and accessible for adults and families. It covers diagnostic and preventive services for adults, plus essential benefits¹ coverage for your children. The plan can help you maintain your oral health today so that you may be able to avoid costly dental complications tomorrow.

This plan allows you to visit any dentist, but you'll save the most with a Delta Dental PPO dentist. Why? Because our in-network dentists accept discounted 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.](#)

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 dentist options. Because Delta Dental has one of the largest networks in the country, you can choose between lots of network providers that 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. View the complete [benefits overview, limitations and exclusions](#), or **888-857-0314**.

¹ Essential health benefits are minimum requirements for all Marketplace health insurance plans. Specific services covered in each broad benefit category can vary based on your state's requirements.

² Delta Dental PPO and Delta Dental Premier® form the largest dentist network nationwide based on total unique dentists, as of September 2020, according to Zelis Network360.

Delta Dental is a registered mark of Delta Dental Plans Association.

Delta Dental Individual & Family™

Delta Dental PPO™

Preventive Plan for Families

Plan Highlights^{1,2}

| Deductibles and Maximums per Calendar Year | Pediatric Benefits (up to age 19) | | Adult Benefits (age 19 and older) | |
|--|--|------------------------|--------------------------------------|---------------|
| | Deductible Per enrollee Family (three or more enrollees) | \$55 Not applicable | | \$50 \$150 |
| Deductible Waived for Diagnostic and Preventive Services | No | | No | |
| Annual Maximum Maximum the plan will pay each year for services per person. | None | | None | |
| Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services. | \$375 for one pediatric enrollee, \$750 for two or more pediatric enrollees | | None | |
| Covered Services | Delta Dental Pays | Enrollee Pays | Delta Dental Pays | Enrollee Pays |
| Diagnostic and Preventive Services | 100% | 0% | 100% | 0% |
| Basic Services | 50% | 50% | Not a benefit | Not a benefit |
| Major Services | 50% | 50% | Not a benefit | Not a benefit |
| Orthodontic Services Medically necessary (requires prior authorization) | 50% | 50% | Not a benefit | Not a benefit |
| Waiting Periods | None | | None | |

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.

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¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 888-857-0314 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

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)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 888-857-0314 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 888-857-0314 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضاً الحصول على هذا المستند مكتوباً 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. Ou ka gen posiblite 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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Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 888-857-0314 (TTY: 711). (Polish)

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צי קענט איר ליענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דא קען אייך העלפן אים צו ליענען. 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' yídóółtahígíí nihee hółq. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago ałdó' nich'í' ádoolnítłgo bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 888-857-0314 (TTY: 711) (Navajo)