DELTA DENTAL®

Delta Dental Individual & Family™

Delta Dental PPO™

Basic 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 bill[1] 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 of Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

Claims and Correspondence
P.O. Box 2105
Mechanicsburg, PA 17055

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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Delta Dental PPO™
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Plan Highlights[1,2]

	Pediatric Benefits (up to age 19)		Adult Benefits (age 19 and older)	
Deductibles and Maximums per Calendar Year				
Deductible Per enrollee Family (three or more enrollees)	$60 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		$1,000	
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.	$350 for one pediatric enrollee, $700 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%	50%	50%
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 **800-471-0236** (телетайп: 711). (Russian)

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 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 לייענען דעם דאָזיקן דאָקומענט? אויב ניט,עמעצער דאָ קען אייך העלפֿן אים צו לייענען. עס איז אויך מעגלעך, אַז איר קענט באַקומען דעם דאָזיקן דאָקומענט אין אידיש שפּראַך. פֿאַר אומזיסטע הילף קענט איר אָנקלינגען אָט די דאָזיקע נומער: 888-857-0314 ס'איז דאָ אַ נומער פֿאַר מענטשען, וואָס הערן ניט: 711 (Yiddish)

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