

# Delta Dental Individual & Family™ plans in West Virginia

Delta Dental PPO™



## A smart choice for dental coverage

You can count on Delta Dental as a trusted leader in dental coverage.<sup>1</sup> Plans from Delta Dental make sure you get the coverage you need, at a reasonable cost, with a dentist you trust.

We offer two simple, easy-to-use and affordable plans for individuals: Basic PPO and Premium PPO.

### 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.<sup>2</sup> You can visit any dentist, but you'll likely save the most with a Delta Dental PPO dentist. Once you enroll, you get coverage for diagnostic and preventive care, including exams, cleanings and x-rays. Your Delta Dental PPO plan will keep you smiling well into the future!

Locate a Delta Dental dentist near you with the **Find a Dentist** tool at [deltadentalins.com/find-a-dentist](https://deltadentalins.com/find-a-dentist).

<sup>1</sup> Delta Dental Annual Market and Industry Trends Report, July 2021.

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

Delta Dental PPO is underwritten by Delta Dental of West Virginia, Inc. in West Virginia.

West Virginia: Learn about our commitment to providing access to a quality dentist network at [deltadentalins.com/about/legal/index-enrollee.html](https://deltadentalins.com/about/legal/index-enrollee.html).



[deltadentalins.com/plans](https://deltadentalins.com/plans)

# How do I know Delta Dental PPO is right for me?

Delta Dental PPO plans could be a smart choice if you're still looking for the right dentist or you want options for different coverage levels, because Delta Dental PPO is:

**Flexible.** You can visit any licensed dentist, but you'll likely save the most with a Delta Dental PPO dentist.

**Simple.** When you receive care from a Delta Dental PPO dentist, you simply pay a percentage for any covered services and your plan pays the rest.<sup>1</sup>

**Dual choice.** Choose the plan that works best for you. Both the Basic Plan and Premium Plan offer preventive care with few out-of-pocket cost at a Delta Dental PPO dentist. Premium Plans also cover orthodontics, crowns and more.<sup>2</sup>

## Keep track of your benefits online

All Delta Dental plans come with an online account where you can get information about your plan, check benefits and eligibility information, find a network dentist and more.



<sup>1</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.

<sup>2</sup> Plan benefits may vary based on state requirements. This benefit information is only a summary and is not intended to replace or serve as the plan policy. Please refer to the plan policy for a complete list of plan benefits, limitations, exclusions and policy terms. In the event of any inconsistency between this document and the plan policy, the terms of the policy will prevail. You can download the document by visiting [deltadentalins.com](http://deltadentalins.com) and clicking Get a quote.

## Have questions?

Contact your broker to learn more and enroll online.

**Broker:**

**Phone:**

**Email:**

**Delta Dental broker number:**

**Enroll online:**

For the most up-to-date plan rates, you can get an instant quote by visiting the link listed next to **Enroll online**. Or, you can type in **deltadentalins.com** and select **Get a quote**.

If you enroll without using the link listed next to **Enroll online**, remember to include your broker's ID number in Agent/Producer Information during checkout!



# Delta Dental PPO Plan comparison<sup>1</sup>

| <b>Eligibility:</b> You, spouse (or domestic partner), eligible dependent children up to age 26 |                                      |                  |  |                  |
|---|--------------------------------------|------------------|--|------------------|
| <b>Plan types</b>   | <b>Delta Dental PPO - Basic Plan</b> |                  | <b>Delta Dental PPO - Premium Plan</b> |                  |
| <b>Calendar year deductible</b><br>Per enrollee   | \$50                                 |                  | \$50                                   |                  |
| Family  | \$150                                |                  | \$150                                  |                  |
| <b>Annual maximum</b>   | \$1,000                              |                  | \$2,000                                |                  |
| <b>Orthodontic deductible</b>   | Not covered                          |                  | \$50                                   |                  |
| <b>Orthodontic lifetime maximum</b>   | Not covered                          |                  | \$1,500                                |                  |
| <b>Waiting periods</b><br>Diagnostic and preventive services (D&P)                              | None                                 |                  | None                                   |                  |
| Basic services  | 6 months                             |                  | 6 months                               |                  |
| Major services  | Not covered                          |                  | 12 months                              |                  |
| Orthodontics  | Not covered                          |                  | 12 months                              |                  |
| <b>Benefits and covered services</b>  | Delta Dental PPO dentists            | Non-PPO dentists | Delta Dental PPO dentists              | Non-PPO dentists |
| <b>Diagnostic and preventive services (D&amp;P)</b><br>Exams, cleaning, x-rays, sealants        | 100%<br>(no deductible required)     |                  | 100%<br>(no deductible required)       |                  |
| <b>Basic services</b><br>Fillings, simple extractions   | 50% after deductible is met          |                  | 80% after deductible is met            |                  |
| <b>Endodontics</b><br>Root canals   | 50% after deductible is met          |                  | 50% after deductible is met            |                  |
| <b>Periodontics</b><br>Gum treatments   | Not covered                          |                  | 50% after deductible is met            |                  |
| <b>Oral surgery</b>   | 50% after deductible is met          |                  | 50% after deductible is met            |                  |
| <b>Prosthodontics</b><br>Bridges, dentures, implants  | Not covered                          |                  | 50% after deductible is met            |                  |
| <b>Major services</b><br>Crowns, inlays, onlays, cast restorations                              | Not covered                          |                  | 50% after deductible is met            |                  |
| <b>Orthodontics</b><br>Adults and dependent children  | Not covered                          |                  | 50% after deductible is met            |                  |

<sup>1</sup> Dentist reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and 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.