

Delta Dental Individual & Family™

Delta Dental PPO™
Basic Plan for Families



Your dentist, your choice

Save out of pocket on the care you need.

Is a Delta Dental PPO plan right for me?

Delta Dental PPO plans are great if you like to have plenty of options when it comes to your care. With access to the largest network in the country¹, Delta Dental PPO plans let you:

- Choose any dentist, though you'll save the most at a Delta Dental PPO dentist
- See specialists without referrals
- Stay on top of your oral health with low cost or covered exams and cleanings

Underwriter
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](https://www.deltadentalins.com)

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



How does Delta Dental PPO work?

Delta Dental PPO is a dental insurance plan that helps you pay for covered dental services. After you meet your annual deductible (a set dollar amount you pay out of pocket), Delta Dental will pay a portion of your bill (up to your annual maximum²). You won't need an ID card to get care. Just give your information to your dentist and they can find your coverage.

- Visit any dentist for care (but save the most with a Delta Dental PPO dentist. PPO dentists accept reduced fees and won't charge you more than your expected share of the bill.)
- Kids can use their full benefits immediately. Adults may have a waiting period for some services. Check your plan highlights for details or [the Health Care Exchange \(Marketplace\) plans page](#) for more information.

When you want a plan that will help cover your costs while offering you the freedom to see the dentist of your choice, choose a Delta Dental PPO plan.

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 call **888-857-0314**.

¹ Delta Dental PPO and Delta Dental Premier® form the largest dentist network nationwide based on total unique dentists, as of September 2021, according to Zelis Network360.

² For adult benefits, you are responsible for all charges once you reach your plan maximum.

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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	\$55		\$85		\$50 \$150			
Deductible Waived for Diagnostic and Preventive Services	No		No		No		No	
Annual Maximum Maximum the plan will pay each year for services per person.	None		None		\$1,000			
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. ³	\$375 for one pediatric enrollee \$750 for two or more pediatric enrollees		\$375 for one pediatric enrollee \$750 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	50%	50%	50%	50%	50%	50%	50%	50%
Major Services	50%	50%	50%	50%	Not a benefit		Not a benefit	
Orthodontic Services Medically necessary (requires prior authorization)	50%	50%	50%	50%	Not a benefit		Not a benefit	
Waiting Periods	None		None		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.

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 \$750 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 \$1,500 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 888-857-0337 (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 888-857-0337 (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 888-857-0337 (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 888-857-0337 (TTY: 711). (Tagalog)

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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 888-857-0337 (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 888-857-0337 (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 888-857-0337 (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: 888-857-0337 ס'איז דא א נומער פאר מענטשען, וואס הערן ניט: 711 (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóol'tahígíí níhee 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 888-857-0337 (TTY: 711) (Navajo)