

## Delta Dental Individual & Family™

Delta Dental PPO™  
Preferred 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 country<sup>1</sup>, 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  
P.O. Box 660138  
Dallas, TX 75266

#### Claims and Correspondence

P.O. Box 2105  
Mechanicsburg, PA 17055

#### Customer Service

888-857-0314  
[www1.deltadentalins.com/exchange](http://www1.deltadentalins.com/exchange)

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## 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 maximum).<sup>2</sup> 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) plan 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**.

<sup>1</sup>Delta Dental Premier is the largest dentist network nationwide based on total unique dentists, as of September 2023, according to Zelis Network360.

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

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### Plan Highlights<sup>1, 2</sup>

| Deductibles and Maximums per Calendar Year                                                                                                                             | Pediatric Benefits<br>(to the end of calendar year in which age 19 is reached) |               | Adult Benefits<br>(age 19 and older) |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------|--------------------------------------|---------------|
| <b>Deductible</b><br>Per enrollee<br>Family (three or more enrollees)                                                                                                  | \$85<br>NA                                                                     |               | \$50<br>\$150                        |               |
| <b>Deductible Waived for Diagnostic and Preventive Services</b>                                                                                                        | Yes                                                                            |               | Yes                                  |               |
| <b>Annual Maximum</b><br>Maximum the plan will pay each year for services per person.                                                                                  | None                                                                           |               | \$1,000                              |               |
| <b>Out-of-Pocket Maximum</b><br>After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services. | \$450 for one pediatric enrollee<br>\$900 for two or more pediatric enrollees  |               | None                                 |               |
| Covered Services                                                                                                                                                       | Delta Dental Pays                                                              | Enrollee Pays | Delta Dental Pays                    | Enrollee Pays |
| <b>Diagnostic and Preventive Services</b>                                                                                                                              | 100%                                                                           | 0%            | 100%                                 | 0%            |
| <b>Basic Services</b>                                                                                                                                                  | 80%                                                                            | 20%           | 80%                                  | 20%           |
| <b>Major Services</b>                                                                                                                                                  | 50%                                                                            | 50%           | 50%                                  | 50%           |
| <b>Orthodontic Services</b><br>Medically necessary (requires prior authorization)                                                                                      | 50%                                                                            | 50%           | Not a benefit                        | Not a benefit |
| <b>Waiting Periods</b><br>Major Services                                                                                                                               | None                                                                           |               | 12 months                            |               |

<sup>1</sup> 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.

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



Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 888-857-0314 (TTY: 711).

¿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 888-857-0337 (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 888-857-0337 (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)

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 888-857-0337 (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 888-857-0337 (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)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 888-857-0337 (TTY : 711). (French)

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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Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 888-857-0337 (Schreibtelefon: 711). (German)

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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: 888-857-0337 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' ádooln[íł]go bííghah. T'áá jíík'e shíká i'doolwoł nínízingo koji' béésh holdíílnih 888-857-0337 (TTY: 711) (Navajo)