

## Delta Dental Individual & Family™

Delta Dental PPO™  
Family Dental PPO



# 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 of California  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

#### Claims and Correspondence

P.O. Box 997330  
Sacramento, CA 95899

#### Customer Service

800-471-0173  
[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 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 \(Marketplace\) 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 **800-471-0173**.

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

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

# Delta Dental PPO™

## Delta Dental PPO™ | Family Dental PPO

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

Deductibles and Maximums per Contract Year	Pediatric Benefits (up to age 19)				Adult Benefits (age 19 and older)			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
<b>Deductible</b> Per enrollee Family	\$75 \$150		\$75 \$150		\$50 NA		\$50 NA	
<b>Deductible Waived for Diagnostic and Preventive Services</b>	Yes		Yes		Yes		Yes	
<b>Annual Maximum</b> Maximum the plan will pay each year for services per person.	None		None		\$1,500			
<b>Out-of-Pocket Maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services for that year.	\$350 for one pediatric enrollee \$700 for two or more pediatric enrollees		None		NA		NA	
<b>Covered Services</b>	<b>Delta Dental Pays</b>	<b>Enrollee Pays</b>	<b>Delta Dental Pays</b>	<b>Enrollee Pays</b>	<b>Delta Dental Pays</b>	<b>Enrollee Pays</b>	<b>Delta Dental Pays</b>	<b>Enrollee Pays</b>
<b>Diagnostic and Preventive Services</b>	100%	0%	90%	10%	100%	0% if covered	90%	10% if covered
<b>Basic Services</b>	80%	20%	70%	30%	80%	20%	70%	30%
<b>Major Services</b>	50%	50%	50%	50%	50%	50%	50%	50%
<b>Orthodontic Services</b> Medically necessary (requires prior authorization)	50%	50%	50%	50%	Not a benefit		Not a benefit	
<b>Waiting Periods</b> Major Services	None		None		6 months, waived with proof of prior coverage		6 months, waived with proof of prior coverage	

<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 888-282-8978 (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 888-282-8978 (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 888-282-8978 (TTY: 711)。(Chinese)

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 888-282-8978 (TTY: 711). (Tagalog)

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 888-282-8978 (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 888-282-8978 (TTY: 711)번으로 연락하십시오. (Korean)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել 888-282-8978 (TTY 711): (Armenian)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 888-282-8978 (TTY: 711). (Persian Farsi)

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 888-282-8978 (TTY: 711). (Arabic)

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 888-282-8978 (телетайп: 711). (Russian)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 888-282-8978 (TTY: 711)। (Hindi)

この文書をお読みになれますか？お読みになれない場合には音読ボランティアを手配させていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、888-282-8978 (TTY: 711) までお問い合わせください。(Japanese)

ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 888-282-8978 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 888-282-8978 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសារបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 888-282-8978 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคณะมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย ได้รับความช่วยเหลือฟรีได้โดยโทรไปที่ 888-282-8978 (TTY: 711) (Thai)