



# Keep Smiling

## Delta Dental PPO™

### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](http://deltadentalins.com).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](http://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids.

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Dental plans comparison

January 1, 2021 through December 31, 2021

| Benefits   | Delta Dental Basic PPO   |   | Delta Dental Premier Plus PPO                 |                      |
|--|--|---|---|----------------------|
|  | PPO Dentists   | Delta Dental Premier® dentists & non-Delta Dental Dentists* | Premier Dentists & non-Delta Dental Dentists* | PPO Dentists         |
| <b>Deductible per calendar year</b>                              | \$50 per member for basic and major services<br>\$150 per family |   | None  |                      |
| <b>Calendar year maximum benefit per person</b>                  | \$1,000  |   | \$1,500                                       |                      |
| <b>Lifetime orthodontic maximum per person</b>                   | \$1,000  |   | \$1,500                                       |                      |
| <b>Diagnostic and preventive services</b><br>Cleaning and x-rays | 100% PPO fee schedule  | 80% PPO fee schedule  | 80% of UCR (usual, customary and reasonable)  | 80% PPO fee schedule |
| <b>Basic services</b><br>Restoration and denture repair          | 80% PPO fee schedule   | 60% PPO fee schedule  | 80% of UCR (usual, customary and reasonable)  | 80% PPO fee schedule |
| <b>Major services</b><br>Crowns and prosthodontics**             | 50% PPO fee schedule   | 40% PPO fee schedule  | 50% of UCR (usual, customary and reasonable)  | 50% PPO fee schedule |
| <b>Orthodontic services**</b>                                    | 50% PPO fee schedule   | 40% PPO fee schedule  | 50% benefit up to \$1,500 lifetime maximum    |                      |

\* You pay balance of billed charge when services are received from a non-Delta Dental dentist.

\*\* One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

# Basic PPO

The following provides a brief summary of benefits and a description of the Basic PPO Plan from Delta Dental Insurance Company. The Summary Plan Description contains complete details of benefits, limitations, exclusions, grievance procedures and binding arbitration for disputes.

| Benefits   | PPO Dentists   | Premier and Non-Delta Dental Dentists*   |
|--|--|--|
| <b>Deductible per calendar year</b>                              | \$50 per member for basic and major services (\$150 per family unit) |  |
| <b>Calendar year maximum benefit per person</b>                  | \$1,000  |  |
| <b>Orthodontic</b><br>Lifetime maximum per person                | \$1,000  |  |
| <b>Preventive and diagnostic services</b><br>Cleaning and x-rays | 100% of PPO fee schedule   | 80% of PPO fee schedule                  |
| <b>Basic services</b><br>Restoration and denture repair          | 80% of PPO fee schedule after deductible                             | 60% of PPO fee schedule after deductible |
| <b>Major services</b><br>Crowns and prosthodontics**             | 50% of PPO fee schedule after deductible                             | 40% of PPO fee schedule after deductible |
| <b>Orthodontic services**</b>                                    | 50% of PPO fee schedule  | 40% of PPO fee schedule                  |

\*You pay balance of billed charge when services are received from a non-Delta Dental dentist.

\*\*One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

Visit a PPO Dentist to maximize your savings. PPO participating dentists have agreed not to charge you above the PPO fee schedule, which is typically less than the UCR fee schedule.

You are responsible for an balance between Delta Dental plan expenses and charges from your dentist, as well as the coinsurance percentage.

When you visit a non-Delta Dental dentist, you need to submit your claims to Delta Dental for reimbursement. Benefit payments are made directly to you and you'll be responsible for paying the non-Delta Dental dentist for eligible services. Claim forms are available on our website at [deltadentalins.com](http://deltadentalins.com).

## ELIGIBILITY / CLAIMS CONTACT INFORMATION

Delta Dental Insurance Company  
P. O. Box 1809  
Alpharetta, GA 30023-1809  
800-521-2651

# Premier + PPO

The following provides a brief summary of benefits and a description of the Premier + PPO Plan from Delta Dental Insurance Company. The Summary Plan Description contains complete details of benefits, limitations, exclusions, grievance procedures and binding arbitration for disputes.

| Benefits   | PPO Dentists                               | Premier and Non-Delta Dental Dentists*       |
|--|--|--|
| <b>Deductible per calendar year</b>                              | None                                       |  |
| <b>Calendar year maximum benefit per person</b>                  | \$1,500                                    |  |
| <b>Orthodontic</b><br>Lifetime maximum per person                | \$1,500                                    |  |
| <b>Preventive and diagnostic services</b><br>Cleaning and x-rays | 80% of PPO fee schedule                    | 80% of UCR (usual, customary and reasonable) |
| <b>Basic services</b><br>Restoration and denture repair          | 80% of PPO fee schedule                    | 80% of UCR (usual, customary and reasonable) |
| <b>Major services</b><br>Crowns and prosthodontics**             | 50% of PPO fee schedule                    | 50% of UCR (usual, customary and reasonable) |
| <b>Orthodontic services**</b>                                    | 50% benefit up to \$1,500 lifetime maximum |  |

\*You pay balance of billed charge when services are received from a non-Delta Dental dentist.

\*\*One year waiting period for these services if you enroll later than the date you were initially eligible for coverage.

Visit a PPO Dentist to maximize your savings. PPO participating dentists have agreed not to charge you above the PPO fee schedule, which is typically less than the UCR fee schedule.

You are responsible for an balance between Delta Dental plan expenses and charges from your dentist, as well as the coinsurance percentage.

When you visit a non-Delta Dental dentist, you need to submit your claims to Delta Dental for reimbursement. Benefit payments are made directly to you and you'll be responsible for paying the non-Delta Dental dentist for eligible services. Claim forms are available on our website at [deltadentalins.com](http://deltadentalins.com).

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Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan