

Keep Smiling

Delta Dental PPOSM

Table of allowance plan



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, which leaves more money in your pocket.³ Find a PPO dentist at deltadentalins.com.

Under a table of allowance plan, each procedure has an "allowance," or set amount that Delta Dental will pay (if no deductibles or maximums apply). If your dentist charges over the allowance, you will be responsible for the remaining amount.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

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 will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

Coordinate dual coverage

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

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to Online Services.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



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

² 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.

³ You are responsible for any amounts above the plan allowance, as well as applicable deductibles, amounts over plan maximums and charges for non-covered services.

⁴ 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.

Plan Benefit Highlights for: Madison-Oneida-Herkimer Health Care Consortium
(Low Option)
Group No: 01636

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26		
Deductibles	None		
Maximums	\$1,000 per person calendar year		
D & P counts toward maximum?	Yes		
Waiting Period(s)	Basic Svcs. None	Major Svcs. None	Orthodontics None
Orthodontic Benefits	Are a covered benefit for children only to age 19		
Orthodontic Maximums	\$1,000 Lifetime		

The **Delta Dental PPOSM Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

Sample Benefits and Covered Services*	Table Allowance** (Amount Delta Dental Will Pay)
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: \$16 D0272 Bitewings (two diagnostic images): \$19 D1110 Prophylaxis (cleaning): \$26
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: \$21 D2160 Amalgam fillings, three surfaces – primary or permanent: \$29
Endodontics	D3310 Root canal, (anterior – excluding final restoration): \$126
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$13
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$13
Major Services	D2750 Crown; porcelain fused to high noble metal: \$236 D5110 Complete denture – maxillary: \$315

* Limitations or waiting periods may apply for some benefits; some services may be excluded.

** Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

Delta Dental of New York
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS