

Keep Smiling

Delta Dental PPOSM



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.⁴

If you can't find a PPO dentist, Delta Dental Premier[®] dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. Available once your coverage kicks in, this free service 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 to provide 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.⁵ You can find this date by logging in to Online Services.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



NON-DELTA DENTAL

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 applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ We recommend verifying before each appointment that your dentist is a PPO dentist.

⁵ 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. Enrollees currently undergoing active orthodontic treatment 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.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

Plan Benefit Highlights for: Shodair Children's Hospital

Group No: 18853

Effective Date: 06/01/2017

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	\$50 per person / \$150 per family each plan year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes			
Maximums	Low Plan: \$1,000 per person each plan year High Plan: \$2,000 per person each plan year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services**	Low Plan			High Plan		
	Delta Dental PPO dentists [†]	Premier dentists [†]	Non-Delta Dental dentists [†]	Delta Dental PPO dentists [†]	Premier dentists [†]	Non-Delta Dental dentists [†]
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %	100 %	100 %
Basic Benefits Fillings	80 %	80 %	80 %	80 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	80 %	80 %	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	80 %	80 %	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %	80 %	80 %	80 %
Major Benefits Crowns, inlays, onlays, cast restorations and space maintainers	50 %	50 %	50 %	50 %	50 %	50 %
Prosthodontics Bridges and dentures	50 %	50 %	50 %	50 %	50 %	50 %
Temporomandibular Joint (TMJ) Benefits	50 %	50 %	50 %	50 %	50 %	50 %
Temporomandibular Joint (TMJ) Maximums	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime
Orthodontic Benefits Dependent children	0 %	0 %	0 %	50 %	50 %	50 %
Orthodontic Maximums	N/A	N/A	N/A	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
[†] Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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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.