



# DELTA DENTAL PPO<sup>SM</sup> : YOUR SMILE IS COVERED

## GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO<sup>1</sup> dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.<sup>2</sup> Find a dentist at [deltadentalins.com](http://deltadentalins.com).<sup>3</sup>

## CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental PPO dentist near you.

## NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

## HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.<sup>4</sup> If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

## SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA  
DENTAL DENTISTS

LEGAL NOTICES: Access federal and state legal notices related to your plan: [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html)

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

<sup>2</sup> Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

<sup>3</sup> Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

<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 will be 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.



WE KEEP YOU SMILING<sup>®</sup>

**Plan Benefit Highlights for:** Delta State University

**Group No:** 16103

**Effective Date:** 10/1/2018

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26			
<b>Deductibles*</b>	\$50 per person each calendar year			
Deductibles waived for D & P?	Yes			
<b>Maximums*</b>	\$1,500 per person each calendar year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 12 Months	
	<b>Low Plan</b>		<b>High Plan</b>	
<b>Benefits and Covered Services**</b>	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Participating dentists<sup>†</sup></b>	<b>Delta Dental PPO dentists<sup>†</sup></b>	<b>Non-Participating I dentists<sup>†</sup></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings, simple tooth extractions, FMX, Pano, Periapical X-Rays	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	0 %	0 %	50 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	0 %	0 %	50 %	50 %
<b>Oral Surgery</b> Covered Under Major Services	0 %	0 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations, bridges and dentures	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> dependent children 19	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$ 1,000 Lifetime	\$ 1000 Lifetime
<b>Monthly Rates</b> Valid 10/1/2018 through 9/30/2020	Employee \$21.88 Employee & Spouse \$44.72 Employee & Child(ren) \$67.67 Employee & Family \$85.91		Employee \$37.60 Employee & Spouse \$71.47 Employee & Child(ren) \$96.34 Employee & Family \$130.20	

\* If you switch plans during the calendar year your Deductible and Annual Maximum may be adjusted accordingly.

\*\* 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.

† Fees are based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile 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

**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.