

# 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](https://deltadentalins.com).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at [deltadentalins.com](https://deltadentalins.com). This useful 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 log in to your account, 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.<sup>4</sup> You can find this date by logging in to your online account.

### Newly covered?

Visit [deltadentalins.com/welcome](https://deltadentalins.com/welcome).

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides 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.

**Plan Benefit Highlights for:** Jefferson County Commission

**Group No:** 16059

**Effective Date:** 10/1/2019

<b>Eligibility</b>	Primary enrollee, spouse (includes opposite-sex domestic partner only) and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>  Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	<b>Delta Dental PPO dentists:</b> \$50 per person / \$150 per family each plan year			
	<b>Non-Delta Dental PPO dentists:</b> \$100 per person / \$300 per family each plan year			
	Yes			
<b>Maximums</b>  D & P counts toward maximum?	<b>Low Plan:</b> <b>Delta Dental PPO dentists:</b> \$1,250 per person each plan year <b>Non-Delta Dental PPO dentists:</b> \$1,000 per person each plan year			
	<b>High Plan:</b> <b>Delta Dental PPO dentists:</b> \$2,500 per person each plan year <b>Non-Delta Dental PPO dentists:</b> \$2,000 per person each plan year			
	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services**</b>	<b>Low Plan</b>		<b>High Plan</b>	
	<b>Delta Dental PPO dentists†</b>	<b>Non-Delta Dental PPO dentists†</b>	<b>Delta Dental PPO dentists†</b>	<b>Non-Delta Dental PPO dentists†</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and simple extractions	80 %	70 %	90 %	80 %
<b>Endodontics</b> (root canals) Covered Under Major Services	50 %	40 %	60 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Major Services	50 %	40 %	60 %	50 %
<b>Oral Surgery</b> Covered Under Major Services	50 %	40 %	60 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	40 %	60 %	50 %
<b>Prosthodontics</b> Bridges and dentures	50 %	40 %	60 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	40 %
<b>Orthodontic Maximums</b>	N/A	N/A	\$2,500 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, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651	<b>Claims Address</b> 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.