

## Delta Dental Individual & Family™

Delta Dental PPO™  
Basic Plan for Families  
Plan year 2027



# Your dentist, your choice

Save out of pocket on the care you need

### Is a Delta Dental PPO plan right for me?

Delta Dental PPO plans are great if you like to have plenty of options when it comes to your care. With access to the largest network in the country<sup>1</sup>, Delta Dental PPO plans let you:

- Choose any dentist, though you'll save the most at a Delta Dental PPO dentist.
- See specialists without referrals.
- Stay on top of your oral health with low cost or covered exams and cleanings.

**Underwriter**  
Delta Dental Insurance Company  
P.O. Box 660138  
Dallas, TX 75266

**Claims and Correspondence**  
P.O. Box 1809  
Alpharetta, GA 30023

**Customer Service**  
888-857-0314  
[www1.deltadentalins.com/exchange](http://www1.deltadentalins.com/exchange)

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## How does Delta Dental PPO work?

Delta Dental PPO is a dental insurance plan that helps you pay for covered dental services. After you meet your annual deductible (a set dollar amount you pay out of pocket), Delta Dental will pay a portion of your bill (up to your annual maximum).<sup>2</sup> You won't need an ID card to get care. Just give your information to your dentist and they can find your coverage.

- Visit any dentist for care, but save the most with a Delta Dental PPO dentist. PPO dentists accept reduced fees and won't charge you more than your expected share of the bill.
- Kids can use their full benefits immediately. Adults may have a waiting period for some services. Check your plan highlights for details or [the Health Care Exchange \(Marketplace\) plans page](#) for more information.

When you want a plan that will help cover your costs while offering you the freedom to see the dentist of your choice, choose a Delta Dental PPO plan.

This benefit information is only a summary and is not intended to replace or serve as the plan policy. Please [consult the plan policy](#) for a description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan policy, the terms of the policy will prevail. View the complete benefits overview, limitations and exclusions, or call **888-857-0314**.

<sup>1</sup> Delta Dental Premier is the largest dentist network nationwide based on total unique dentists, as of September 2023, according to Zelis Network360.

<sup>2</sup>For adult benefits, you are responsible for all charges once you reach your plan maximum.

# Delta Dental Individual & Family™

## Delta Dental PPO™ | Basic Plan for Families

### Plan Highlights<sup>1, 2</sup>

| Deductibles and Maximums per Calendar Year                                                                                        | Pediatric Benefits<br>(up to age 19)                                          |               | Adult Benefits<br>(age 19 and older) |               |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------|--------------------------------------|---------------|
| <b>Deductible</b><br>Per enrollee<br>Family (three or more enrollees)                                                             | \$50<br>NA                                                                    |               | \$50<br>\$150                        |               |
| <b>Deductible Waived for Diagnostic and Preventive Services</b>                                                                   | No                                                                            |               | No                                   |               |
| <b>Annual Maximum</b><br>Maximum the plan will pay each year for services per person.                                             | None                                                                          |               | \$1,000                              |               |
| <b>Out-of-Pocket Maximum</b><br>After this amount is reached, the plan pays 100% of the remaining covered services for that year. | \$450 for one pediatric enrollee<br>\$900 for two or more pediatric enrollees |               | None                                 |               |
| Covered Services                                                                                                                  | Delta Dental Pays                                                             | Enrollee Pays | Delta Dental Pays                    | Enrollee Pays |
| <b>Diagnostic and Preventive Services</b>                                                                                         | 100%                                                                          | 0%            | 100%                                 | 0%            |
| <b>Basic Services</b>                                                                                                             | 50%                                                                           | 50%           | 50%                                  | 50%           |
| <b>Major Services</b>                                                                                                             | 50%                                                                           | 50%           | Not a benefit                        | Not a benefit |
| <b>Orthodontic Services</b><br>Medically necessary (requires prior authorization)                                                 | 50%                                                                           | 50%           | Not a benefit                        | Not a benefit |
| <b>Waiting Periods</b>                                                                                                            | None                                                                          |               | None                                 |               |

<sup>1</sup> Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan Policy for complete limitations and exclusions for this plan.

<sup>2</sup> Coverage may not be available in all areas. If applicable, service areas are detailed in the limitations and exclusions.

Can you read this document? If not, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Please call 888-857-0314 (TTY: 711).

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Quý vị có đọc được tài liệu này không? Nếu không, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi điện 888-857-0314 (TTY: 711). (Vietnamese)

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Կարո՞ղ եք կարդալ այս փաստաթուղթը: Եթե ոչ, ապա Ձեզ հասանելի են անվճար լեզվական օգնության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ փնջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Խնդրում եմ զանգահարել 888-857-0314 (TTY՝ 711): (Armenian)

می‌توانید این سند را بخوانید؟ اگر نمی‌توانید، خدمات کمک زبانی به‌صورت رایگان در دسترس شما قرار دارد. امکانات و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های دسترسی‌پذیر نیز به‌صورت رایگان در اختیارتان قرار دارد. لطفاً تماس بگیرید (Persian Farsi) 888-857-0314 (TTY: 711).

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع قراءته، فإنه تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر مجاناً أيضاً خدمات ووسائل مساعدة مناسبة لتقديم المعلومات بتنسيقات ملائمة لذوي الاحتياجات الخاصة. يرجى الاتصال هاتفياً 888-857-0314 (TTY: 711). (Arabic)

Можете ли вы прочитать этот документ? Если нет, воспользуйтесь бесплатными услугами языковой поддержки. Кроме того, предусмотрены бесплатные вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните 888-857-0314 (телетайп: 711). (Russian)

क्या आप यह दस्तावेज़ पढ़ सकते हैं? यदि नहीं तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। कृपया कॉल करें 888-857-0314 (TTY: 711)। (Hindi)

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ਕੀ ਤੁਸੀਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 888-857-0314 (TTY: 711)। (Punjabi)

Koj nyeem puas tau daim ntaub ntawv no? Yog tias tsis tau no, ces yuav muaj kev pab cuam txhais lus pab dawb rau koj. Cov khoom pab thiab cov kev pab cuam ntxiv uas tsim nyog los muab ntaub ntawv qhia paub ua hom ntaub ntawv uas siv tau kuj yuav muaj yam tsis tsub nqi dab tsi ntxiv. Thov hu rau 888-857-0314 (TTY: 711). (Hmong)

តើ អ្នកអាចអានឯកសារនេះបានទេ? ប្រសិនបើ មិនបានទេ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយដែលសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចងាយប្រើបាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-857-0314 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่ หากไม่สามารถอ่านได้ บริการช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่ายพร้อมให้บริการ นอกจากนี้ ยังมีอุปกรณ์ช่วยเหลือและบริการเสริมที่เหมาะสมโดยไม่เสียค่าใช้จ่าย เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้ กรุณาติดต่อ 888-857-0314 (TTY: 711) (Thai)

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צי קענט איר לייענען די דאקומענט? אויב נישט, זענען דא אומזיסטע שפראך הילף סערוויסעס פאר אייך צו באקומען. נאך הילפֿט מיטלען און סערוויסעס אייך צו גיבן אינפארמאציע אין א פארמאט וואס ארבעט פאר אייך ווערן אויך צוגעשטעלט. ביטע רופט (Yiddish) (TTY) 711 888-857-0314

Díí naaltsoos baa nitsáháskeesgo shíł yá'áhoot'é? Doo shíł łahgo át'é da, t'áá ánooldó' t'óó' baa áhání bik'i'diilyaago baa nitsáhákeesgo at'é. Ákót'éego bee áháya t'áá áłtso bá hólónígíí dóó yá'át'éehígíí bee náníká be'elya, dóó t'áá ánooldó' bila' ashíí. T'áá shá naaltsoos bikáá' ách'í' haasdzíí dooleeł 888-857-0314 (TTY: 711) (Navajo)