

# Keep smiling

## Delta Dental PPO™ Table of allowance plan



### 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, which leaves more money in your pocket.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://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, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### 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'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

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

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company offers 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 amounts above the table allowances, as well as applicable deductibles, amounts over annual or lifetime maximums and charges for non-covered services.

<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.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit Highlights: Delta Dental PPO <sup>TM</sup>

Plan Benefit Highlights for: Insurance & Benefits of PORAC (RAM)

Group No: 07314

<b>Eligibility</b>	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P)?	\$50 per person / \$150 per family each calendar year Yes		
<b>Maximums</b> D & P counts toward maximum?	\$1,000 per person each calendar year Yes		
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None

The **Delta Dental PPO<sup>SM</sup> 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.

<b>Sample Benefits and Covered Services*</b>	<b>Table Allowance**</b> (Amount Delta Dental Will Pay)
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b>	D0120 Periodic oral exam – established patient: \$26.00 D0272 Bitewings (two diagnostic images): \$25.00 D1110 Prophylaxis (cleaning): \$48.00
<b>Basic Services</b>	D2150 Amalgam fillings, two surfaces – primary or permanent: \$101.00 D2160 Amalgam fillings, three surfaces – primary or permanent: \$119.00
<b>Endodontics</b>	D3310 Root canal, (anterior – excluding final restoration): \$331.00
<b>Periodontics</b>	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$114.00
<b>Oral Surgery</b>	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$75.00
<b>Major Services</b>	D2750 Crown; porcelain fused to high noble metal: \$507.00 D5110 Complete denture – maxillary: \$706.00

\* 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 California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
888-335-8227

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

**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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