## Eligibility
- Primary enrollee, spouse and eligible dependent children to age 26

## Deductibles
- $50 per person / $150 per family each calendar year
- Deductibles waived for D & P? Yes

## Maximums
- $1,000 per person each calendar year
- D & P counts toward maximum? Yes

### Benefits and Covered Services*

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental PPO dentists**</th>
<th>Non-PPO dentists**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive Services (D &amp; P)</strong></td>
<td>100 %</td>
<td>100 %</td>
</tr>
<tr>
<td>Exams, cleanings, x-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>80 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Fillings, simple tooth extractions, sealants, full mouth x-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endodontics (root canals)</strong></td>
<td>80 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics (gum treatment)</strong></td>
<td>80 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td>80 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50 %</td>
<td>40 %</td>
</tr>
<tr>
<td>Crowns, inlays, onlays and cast restorations, bridges and dentures, implants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist’s submitted fees.

**Your plan pays the dentist you visit based on PPO contracted fees. When you visit a PPO dentist for a cleaning, covered at 100%, you have no out-of-pocket costs. When you visit a Premier dentist, you pay the difference between the Premier fee and the PPO fee (usually a moderate amount). When you visit a non-Delta Dental dentist, you pay the difference between that dentist’s usual fee and the PPO fee. Because there are no limits to what a non-Delta Dental dentist may charge, you would likely have the highest out-of-pocket costs when visiting one of these dentists.

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**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.

HLT_PPO_2COL_DDIC (Rev. 2 5/11)
Save money with a Delta Dental PPO dentist
Although you can visit any dentist, you’ll usually pay less when you visit a Delta Dental PPO dentist.
• PPO dentists agree to accept Delta Dental contracted fees as full payment.
• Your share of the bill will likely be lower than when you visit a non-Delta Dental dentist.

Find a Delta Dental PPO dentist
Delta Dental PPO, our preferred provider organization (PPO) plan,* provides access to the largest network of its kind nationwide.
Your out-of-pocket costs are usually lowest when you visit a PPO dentist.
To find the most current listing of our network dental offices:
• Visit our website and click on “Find a Dentist” on our home page.
• Select “Delta Dental PPO” as your plan network.

Is your dentist a Delta Dental PPO dentist?
We recommend that you verify your current dentist’s participation in the Delta Dental PPO network. Simply asking if a dentist “accepts Delta Dental” does not guarantee he or she is a PPO dentist.
• Ask specifically if he or she is a contracted Delta Dental PPO dentist.
• You should verify your dentist’s participation before each dental appointment.

Maximum choice
The Delta Dental Premier® network — our larger network consisting of nearly 80 percent of dentists nationwide — provides cost-saving features and is the next best option if you can’t find a PPO dentist.
You can find a Premier dentist using our online dentist directory.
• Premier dentists’ contracted fees are usually somewhat higher than PPO dentists’ contracted fees.
• Premier dentists will not bill you above their contracted fees, so you still receive cost protections not available with a non-Delta Dental dentist.**

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.
** Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan’s dentist network.
Easy to use
- No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number.
- No claim forms to file — Delta Dental dentists file claim forms for you and accept payment directly from Delta Dental.
- After a claim has been processed, you will receive a dental benefits statement from Delta Dental. This document lists the services provided, the costs of the dental treatment and the amount of any fees you owe your dentist.

Dual coverage/Coordination of benefits
If your spouse has coverage with another dental plan, you or your family members may be covered by both dental plans.*
- The two plans will likely coordinate benefits to potentially lower your out-of-pocket costs.
- Ask your dentist to submit the other plan’s Explanation of Benefits with the Delta Dental claim form and we’ll take it from there.

Orthodontic treatment in progress
If your Delta Dental plan includes orthodontic benefits, payment for orthodontic treatment in progress depends on the specific provisions of your plan. Typically, treatment in progress is covered and Delta Dental begins paying during the first eligible month. Under some plans, however, you may not be eligible for work in progress or you may lose eligibility if your coverage has lapsed for more than 30 or 60 days.

Transitioning from another plan?
Delta Dental covers treatment started and completed after your plan’s effective date of coverage. If you have any dental treatment in progress when your coverage begins — such as root canals, crowns and bridgework — those expenses are not covered by Delta Dental. Those costs may either be your responsibility or that of your previous dental carrier.

*Group-specific exceptions may apply. Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan’s coordination of benefits, including rules for determining primary and secondary coverage.