

Group name: DERSTINE'S INC  
Group number: 97413-01021  
Effective date: June 1, 2022



# Keep Smiling

## Delta Dental PPO™

### Stay in network to save

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](http://deltadentalins.com).

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

### 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](http://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 to provide 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 save as much as 50% on LASIK procedures and more than 60% on 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



<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.

<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.

# Small Business Program Benefit Highlights

## Delta Dental PPO

### Plan: PPO plus Premier 3

#### Eligibility

Who may receive benefits?

- Primary enrollee and spouse
- Eligible dependent children to age 26

#### Waiting Periods

- Basic Services: 0 months
- Major Services: 0 months
- Ortho Services: 0 months

#### Deductibles

\$50/\$150 per person/per family each calendar year

#### Maximums

\$2,000 per person each calendar year (inside PPO network)

\$1,500 per person each calendar year (outside PPO network)

| Benefits and Covered Services*  | Delta Dental PPO dentists <sup>1,2</sup> | Non-Delta Dental PPO dentists <sup>1,2,3</sup> |
|---|--|--|
| <b>Diagnostic &amp; Preventive Services (D&amp;P)</b>                 | 100%                                     | 100%   |
| Exam, cleanings, x-rays and sealants                                  | Your deductible does not apply to D&P.   |  |
| Enhanced pregnancy benefit  |  |  |
| <b>Basic Services</b><br>Fillings                                     | 80%                                      | 80%  |
| <b>Endodontics</b><br>Root canals                                     | 80%                                      | 80%  |
| <b>Oral Surgery</b>   | 80%                                      | 80%  |
| <b>Periodontics</b><br>Gum treatment                                  | 80%                                      | 80%  |
| <b>Major Services</b><br>Crowns, inlays, onlays and cast restorations | 50%                                      | 50%  |
| <b>Prosthodontics</b><br>Bridges, dentures and implants               | 50%                                      | 50%  |
| <b>Orthodontics</b><br>Not a benefit                                  | N/A                                      | N/A  |
| <b>Other</b>  |  |  |

<sup>1</sup> Delta Dental Premier dentists are considered non-PPO dentists.

<sup>2</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non-Delta Dental dentists.

<sup>3</sup> Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

**Delta Dental of Pennsylvania**  
One Delta Drive  
Mechanicsburg, PA 17055  
deltadentalins.com

**Customer Service**  
800-932-0783

**Claims Address**  
P.O. Box 2105  
Mechanicsburg, PA 17055

\* This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description or Group Dental Service Contract. If you have specific questions regarding the benefits, limitations or exclusions of your plan, please consult your company's benefits representative.