

# DELTA DENTAL PPO<sup>SM</sup>

Pediatric Basic Plan  
for Small Businesses

A healthy mouth starts here.  
Get covered. Save money. Smile bright.



## Why choose this plan?

- Checkups, cleanings and x-rays covered
- Large network for maximum savings
- Visit any licensed dentist
- No ID card needed
- Easy claims
- Find plan information, claims, dentists and ID cards using a smartphone or PC

## SMILE HEALTHY

Get the coverage enrollees need and access to the largest number of network dentists nationally with Delta Dental PPO.<sup>1,2</sup> Our easy-to-use plan helps keep smiles healthy. Learn more and purchase today!

## GO PPO!

A Delta Dental PPO plan gives enrollees access to a network of dentists who've agreed to keep costs low. And since four out of five dentists nationally are participating dentists, enrollees may already be visiting a network dentist.

Delta Dental PPO covers checkups, cleanings and x-rays to help keep smiles bright. It covers lots of other great services, too. After enrollees satisfy the plan's deductible, they'll be responsible for a coinsurance percentage, which is their share of the charges — Delta Dental pays the rest.<sup>3</sup>

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### Delta Dental of New York, Inc.

One Delta Drive  
Mechanicsburg, PA 17055

### Customer Service

800-471-0275

### Claims Address

One Delta Drive  
Mechanicsburg, PA 17055

[deltadentalins.com](http://deltadentalins.com)





## Dental is important...

Give employees peace of mind with a Delta Dental PPO plan. The right coverage can help them protect their smiles and their wallets.

### More ways to save

#### Visit a Delta Dental PPO dentist.

Enrollees usually pay less when they visit a PPO network dentist. Enrollees can go to the Find a Dentist tool on our home page to search for a PPO dentist. (We offer results by mobile device location too!) Our large network makes it easy to find a convenient participating dentist.

For additional choice, our Delta Dental Premier® dentists offer enrollees another way to save. These dentists are not “in-network,” but enrollees will usually pay less than if they visit a non-Delta Dental dentist.

### Easy to use

#### No ID card needed.

Enrollees can simply provide the dental office their name, date of birth and social security or enrollee identification number. No ID card is required. Or they can log in on their smartphone or mobile device and display their mobile ID card.

### Claims are a breeze.

Enrollees pay only their portion of the bill for services when they visit a Delta Dental dentist; we take care of the rest. After a claim is processed, we provide enrollees a statement that explains the services provided and their share of the cost. Increase the convenience by signing up for paperless statements.

### Quick and easy online information

Enrollees can manage their accounts online wherever they are — work, home or on the go. Our tools help enrollees access plan information, view claims, find dentists and display ID cards.

### Support healthy habits

#### Access to the SmileWay® Wellness Program

Check out our great oral health resources! They can help your employees stay informed and stay healthy. SmileWay offers risk assessment quizzes, articles, videos, fun stuff for kids and a subscription to *Grin!*, our free dental wellness e-magazine.

#### Coverage for peace of mind

Skipping preventive care can lead to more expensive treatment that could easily cost more than a full year’s premium (and could contribute to lost time at work). A Delta Dental PPO plan can help your employees and their families stay healthy and avoid more costly care.

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<sup>1</sup> In Texas, Delta Dental Insurance Company underwrites a Dental Provider Organization (DPO) plan.

<sup>2</sup> NetMinder Dental Network Trend Report, March 2016. Based on total unique dentists nationwide.

<sup>3</sup> Enrollees are responsible for amounts for non-covered services. For adult benefits, once the plan maximum is reached, all charges are the responsibility of the patient.

This benefit information is only a summary and not intended or designed to replace or serve as the plan’s Group Contract. Please consult the Evidence of Coverage for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the Evidence of Coverage, the terms of the Evidence of Coverage will prevail.

Delta Dental is a registered mark of Delta Dental Plans Association.

# Delta Dental PPO<sup>SM</sup>

## Pediatric Basic Plan for Small Businesses

Plan Highlights	Pediatric Benefits (up to age 19)	
<b>Deductibles &amp; Maximums per Contract Year</b>		
Deductible	Per enrollee	\$65
	Family	\$195
<b>Deductible Waived for Diagnostic and Preventive Services</b>		No
<b>Annual Maximum</b> Maximum the plan will pay each year for services per person.		None
<b>Out-of-Pocket Maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.		\$350 for one pediatric enrollee, \$700 for two or more pediatric enrollees
<b>Covered Services<sup>1,2</sup></b>		<i>Delta Dental pays</i> <i>Enrollee pays</i>
<b>Diagnostic and Preventive Services</b>		100%      0%
<b>Basic Services</b>		50%      50%
<b>Major Services</b>		50%      50%
<b>Orthodontic Services</b> Medically necessary (requires prior authorization)		50%      50%
<b>Waiting Period(s)</b>		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 or Evidence of Coverage for complete limitations and exclusions for this plan.

<sup>2</sup> Coverage may not be available in all areas. Service area coverage and/or restrictions are listed in the limitations and exclusions.

**Delta Dental PPO  
Pediatric Basic Plan  
for Small Business**

**SCHEDULE OF BENEFITS**

<b>COST-SHARING</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>			
<b>Deductible</b> <ul style="list-style-type: none"> <li>• One (1) Member under Age 19</li> <li>• Two (2) or More Members under Age 19</li> </ul> <b>Out-of-Pocket Limit</b> <ul style="list-style-type: none"> <li>• One (1) Member under Age 19</li> <li>• Two or More Members under Age 19</li> </ul>	\$65 each Plan Year  \$195 each Plan Year  \$350 each Plan Year \$700 each Plan Year	\$65 each Plan Year  \$195 each Plan Year  Not Applicable Not Applicable	The Deductible is a combined In-Network and Out-of-Network Deductible
<b>SUMMARY OF PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<b>Pediatric Dental Care</b> <ul style="list-style-type: none"> <li>• Emergency Dental Care</li> <li>• Preventive Dental Care</li> <li>• Routine Dental Care</li> </ul>	50% Coinsurance after Deductible  0% Coinsurance after Deductible  0%-50% Coinsurance after Deductible	50% Coinsurance after Deductible  0% Coinsurance after Deductible  0%-50% Coinsurance after Deductible	Two (2) Cleanings per Plan Year  Two (2) Dental Exams per Plan Year Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals

<ul style="list-style-type: none"> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Prosthodontics</li> <li>• Oral Surgery</li> <li>• Orthodontics</li> </ul> <p><b>Orthodontics require Preauthorization</b></p>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
<b>PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT</b>	<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Limits</b>
<ul style="list-style-type: none"> <li>• Dental examinations and consultations</li> </ul>	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Dental Exams per Plan Year
<ul style="list-style-type: none"> <li>• X-rays, full mouth x-rays or panoramic x-rays</li> </ul>	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
<ul style="list-style-type: none"> <li>• Visits; Simple extractions and other routine dental surgery not requiring hospitalization; In-office conscious sedation; Amalgam, composite restorations and stainless steel crowns; Other restorative materials</li> </ul>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
<ul style="list-style-type: none"> <li>• Temporomandibular Joint (TMJ) Dysfunction</li> </ul>	50% Coinsurance after Deductible	50% Coinsurance after Deductible	

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not covered under the Contract, You will be responsible for the full cost of the services.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 800-471-0275 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 800-471-0275 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 800-471-0275 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 800-471-0275 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 800-471-0275 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 800-471-0275 (TTY: 711). (Tagalog)

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هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 800-471-0275 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 800-471-0275 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 800-471-0275 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 800-471-0275 (TTY: 711). (Polish)

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קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפראך. פאר אומזיסטע הילף, ביטע קלינגט: 800-471-0275 (טעלעפאָן פאר מענטשן וואָס הערן ניט: 711). (Yiddish)

Díísh yíníłta'go bíníghah? Doo bíníghahgóó éí nich'í' yídóółtahígíí níheé hóló. Díí naaltsoos t'áá Diné bizaad k'ehjí ályaago áldó' nich'í' ádoolníłgo bíghah. T'áá jíík'e shíká i' doolwoł nínízingo koji' béésh holdíílnih 800-471-0275 (TTY: 711) (Navajo)