



DELTA DENTAL PPOSM YOUR SMILE IS COVERED

GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO¹ dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.² Find a dentist at deltadentalins.com.³

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental PPO dentist near you.

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

SAVE WITH A
PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment 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.



WE KEEP YOU SMILING[®]

Plan Benefit Highlights for: Georgia Municipal Association

Group No: GA09528

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	\$1,500 per person per calendar year		
D & P counts toward maximum?	No		
Waiting Period(s)	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 0 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50 %	50 %
Orthodontic Benefits adults and dependent children	50 %	50 %
Orthodontic Maximums Lifetime	\$ 1,000 Lifetime	\$ 1,000 Lifetime

* 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.

** Reimbursement is based on PPO contracted fees for PPO dentists, Program allowance for Premier dentists and program allowance for non-Delta Dental dentists.

****Cleanings are allowed 3 times per calendar year following active periodontal therapy once a 30 day post-operative period is completed.

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
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www.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.

Benefit Highlights Delta Dental PPOSM