

# Keep Smiling

## Delta Dental PPO™



### 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, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### 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 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.

# Benefit Highlights: Delta Dental PPO™

Group name: Union-Endicott Central School District

Group no: 21355

Effective date: 07/01/2021

<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).		
Deductibles	\$0 per person / \$0 per family each calendar year		
Maximums	Unlimited per person each calendar year		
Waiting periods	Basic services None	Major services None	Orthodontics None
Orthodontic	Is covered for children only		
Orthodontic lifetime maximum	\$1,000 per person		

With a table of allowance plan, you know in advance exactly how much your plan covers for each dental service. Your plan pays the dollar amount listed in the table of allowance. You are responsible for the remaining cost.

<b>Benefits and Covered Services*</b>	<b>Table allowance**</b> Amount your plan pays	
Diagnostic & preventive services (D&P)	D0120: Regular exam – established patient:	\$9.90
	D0272: Bitewing x-rays (2 diagnostic images):	\$9.90
	D1110: Dental cleaning (prophylaxis):	\$18.40
Basic services	D2150: Amalgam fillings, 2 surfaces:	\$20.20
	D2160: Amalgam fillings, 3 surfaces:	\$24.70
Endodontics (root canals)	D3310: Root canal (anterior, excluding final restoration):	\$93.50
Periodontics (gum treatment)	D4341: Periodontal scaling and root planing, 4 or more teeth per quadrant:	\$19.25
Oral surgery	D7140: Extraction, erupted tooth or exposed root (elevation and/or forceps removal):	\$17.60
Major services	D2750: Crown, porcelain fused to high noble metal:	\$171.80

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

\*\* The 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 Pennsylvania  
One Delta Drive  
Mechanicsburg, PA 17055

Customer Service  
800-932-0783

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

[deltadentalins.com](http://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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