

# 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](http://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](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 your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### 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.

West Virginia: Learn about our commitment to providing access to a quality dentist network at [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html).

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**Plan Benefit Highlights for:** Sheet Metal Workers Local 104  
**Group No:** 05426

<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).			
<b>Deductibles</b>	None			
<b>Maximums</b>	\$3,500 per person / \$7,000 per family each calendar year			
D & P counts toward maximum?	Yes			

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100%	100%
<b>Basic Services</b> Fillings, posterior composites and stainless steel crowns	80%	80%
<b>Endodontics</b> (root canals) Covered Under Basic Services	80%	80%
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80%	80%
<b>Oral Surgery</b> Covered Under Basic Services	80%	80%
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	60%	60%
<b>Prosthodontics</b> Bridges, dentures and implants	60%	60%
<b>Implant Maximums†</b>	\$2,000 Calendar Year	\$2,000 Calendar Year
<b>Night Guard Benefits</b>	80%	80%
<b>Orthodontic Benefits</b> Adults and dependent children	50%	50%
<b>Orthodontic Deductible</b>	\$50 Calendar Year	\$50 Calendar Year
<b>Orthodontic Maximums</b>	\$3,000 Lifetime	\$3,000 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, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

† Implants are subject to the calendar year maximums with a \$2,000 calendar year limit

**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
888-335-8227

**Claims Address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

[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.