



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.

SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

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.

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.

Plan Benefit Highlights for: Employers' Health Insurance Trust

Group No: 10837

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Delta Dental PPO dentists: \$25 per person / \$75 per family each calendar year			
	Non-Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year			
	Yes			
Maximums D & P counts toward maximum?	Delta Dental PPO dentists: \$1,500 per person each calendar year			
	Non-Delta Dental PPO dentists: \$1,250 per person each calendar year			
	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, periodontal prophylaxis and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	70 %
Endodontics (root canals) Covered Under Basic Services	80 %	70 %
Periodontics (gum treatment) Covered Under Major Services	50 %	40 %
Oral Surgery Covered Under Basic Services	80 %	70 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	50 %	40 %
Prosthodontics Bridges, denture and implants	50 %	40 %
Orthodontic Benefits Dependent children to age 19	50 %	50 %
Orthodontic Maximums	\$ 1,000 Lifetime	\$ 750 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 PPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company
One Delta Drive
Mechanicsburg, PA 17055

Customer Service
800-932-0783

Claims Address
P.O. Box 2105
Mechanicsburg, PA 17055-6999

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.

Plan Benefit Highlights for: Employers' Health Insurance Trust

Group No: 10840

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year			
	Non-Delta Dental PPO dentists: \$75 per person / \$225 per family each calendar year			
	Yes			
Maximums D & P counts toward maximum?	Delta Dental PPO dentists: \$1,500 per person each calendar year			
	Non-Delta Dental PPO dentists: \$1,250 per person each calendar year			
	Yes			
Waiting Period(s)	Basic Benefits	Major Benefits	Prosthodontics	Orthodontics
	None	None	None	None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, periodontal prophylaxis and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	70 %
Endodontics (root canals) Covered Under Basic Services	80 %	70 %
Periodontics (gum treatment) Covered Under Major Services	50 %	40 %
Oral Surgery Covered Under Basic Services	80 %	70 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	50 %	40 %
Prosthodontics Bridges, denture and implants	50 %	40 %
Orthodontic Benefits Dependent children to age 19	50 %	50 %
Orthodontic Maximums	\$ 1,000 Lifetime	\$ 750 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.

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Plan Benefit Highlights for: Employers' Health Insurance Trust

Group No: 10893

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles	None			
Maximums	Delta Dental PPO dentists: \$1,000 per person each calendar year Non-Delta Dental PPO dentists: \$750 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, periodontal prophylaxis and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	70 %
Endodontics (root canals) Covered Under Basic Services	80 %	70 %
Periodontics (gum treatment) Covered Under Major Services	80%	70%
Oral Surgery Covered Under Basic Services	80 %	70 %
Major Services Crowns, inlays, onlays, cast restorations and TMJ	Not a covered benefit	Not a covered benefit
Prosthodontics Bridges, denture and implants	Not a covered benefit	Not a covered benefit
Orthodontic Benefits Dependent children to age 19	Not a covered benefit	Not a covered benefit

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Plan Benefit Highlights for: Employers' Health Insurance Trust

Group No: 10894

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26			
Deductibles	None			
Maximums	Delta Dental PPO dentists: \$1,000 per person each calendar year Non-Delta Dental PPO dentists: \$750 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, periodontal prophylaxis and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	50%	40%
Endodontics (root canals) Covered Under Basic Services	50%	40 %
Periodontics (gum treatment) Covered Under Major Services	50%	40%
Oral Surgery Covered Under Basic Services	50 %	40%
Major Services Crowns, inlays, onlays, cast restorations and TMJ	Not a covered benefit	Not a covered benefit
Prosthodontics Bridges, denture and implants	Not a covered benefit	Not a covered benefit
Orthodontic Benefits Dependent children to age 19	Not a covered benefit	Not a covered benefit

* 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.

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