

Keep smiling

Delta Dental PPO™ Table of allowance plan



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, which leaves more money in your pocket.³ Find a PPO dentist at deltadentalins.com.

Under a table of allowance plan, each procedure has an “allowance,” or set amount that Delta Dental will pay (if no deductibles or maximums apply). If your dentist charges over the allowance, you will be responsible for the remaining amount.

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.

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.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and 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



PPO



NON-PPO

¹ In Texas, Delta Dental Insurance Company offers a dental provider organization (DPO) plan.

² 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.

³ You are responsible for any amounts above the table allowances, as well as applicable deductibles, amounts over annual or lifetime maximums and charges for non-covered services.

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 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.

⁵ 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 TM

Plan Benefit Highlights for: Helena School District #1

Group No: 23525

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$100 per person each plan year			
Maximums	\$2000 per person each plan year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None
Orthodontic Benefits* Dependent children	Not Covered			
Orthodontic Maximums	Not Covered			

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

The **Delta Dental PPOSM Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

Sample Benefits and Covered Services**	Table Allowance*** (Amount Delta Dental Will Pay)
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: \$41 D0272 Bitewings (two diagnostic images): \$39 D1110 Prophylaxis (cleaning): \$84
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: \$111 D2160 Amalgam fillings, three surfaces – primary or permanent: \$129
Endodontics	D3310 Root canal, (anterior – excluding final restoration): \$359
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: \$184
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): \$105
Major Services	D2750 Crown; porcelain fused to high noble metal: \$541
Prosthodontics	D5110 Complete denture – maxillary: \$553
Implant Benefits	D6010 Surgical placement – endosteal implant: \$898

** Limitations or waiting periods may apply for some benefits; some services may be excluded.

*** 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 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

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.

HLT_PPO_TBL_DDP (Rev.)