

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com. This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

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 will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.⁴ You can find this date by logging in to your online account.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company provides 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 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.

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.

Plan Benefit Highlights for: Yazoo County School District

Group No: 17243

DELTA DENTAL PPOSM

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles*	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums*	\$1,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits Low – 6 Months High-12 Months	Prosthodontics Low – 6 Months High-12 Months	Orthodontics 12 Months

Benefits and Covered Services**	Low Plan		High Plan	
	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]	Delta Dental PPO dentists[†]	Non-Delta Dental PPO dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings, x-rays and space maintainers	80 %	80 %	80 %	80 %
Simple Extractions	50 %	50 %	80 %	80 %
Endodontics (root canals)	25 %	25 %	50 %	50 %
Periodontics (gum treatment)	25 %	25 %	50 %	50 %
Oral Surgery	25 %	25 %	50 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	25 %	25 %	50 %	50 %
Prosthodontics Bridges and dentures	25 %	25 %	50 %	50 %
Orthodontic Benefits Dependent children to age 19	50 %	50 %	50 %	50 %
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

BENEFIT HIGHLIGHTS

* If you switch plans during the calendar year your Deductible and Annual Maximum may be adjusted accordingly.

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Rates - Effective Dates (11/01/2020-10/31/2021)			
Low Plan		High Plan	
Enrollee only	\$20.78	Enrollee only	\$38.78
Enrollee + Spouse	\$46.45	Enrollee + Spouse	\$87.48
Enrollee + Children	\$48.62	Enrollee + Children	\$85.51
Family	\$75.00	Family	\$136.12

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