

## Delta Dental PPO™

Pediatric Basic Plan  
New York Student Dental Plan  
with Capital District Physicians'  
Health Plan



# A smart choice for dental coverage.

## What is Delta Dental PPO?

Delta Dental PPO is a coinsurance plan that shares your costs for covered dental services. After you meet your annual deductible, Delta Dental pays a percentage of your bill and you pay the rest. Simple!

With this plan, you can visit any dentist, but you'll save the most with a Delta Dental PPO dentist. Why? Because our in-network dentists accept reduced fees for plan enrollees.

**Check out the highlights on page 3 to find out what services are covered and what your share would be.**

Delta Dental of New York  
One Delta Drive  
Mechanicsburg, PA 17055

Claims and Correspondence  
P.O. Box 2105  
Mechanicsburg, PA 17055

Customer Service  
800-471-0275  
deltadentalins.com



## Is a Delta Dental PPO plan right for me?

Delta Dental PPO could be a smart choice if you like to have plenty of options. Because Delta Dental has one of the largest networks in the country, you have lots of dentists to choose from who can save you money.<sup>1</sup>

You can use our **Find a dentist** tool to find a Delta Dental dentist near you. Too many choices? The included Yelp ratings may help you.

Delta Dental PPO plans are built around your oral health. That's why we focus on coverage for important preventive services like dental exams and routine cleanings.

Get the care you need with the dentist you choose, and let Delta Dental handle the rest.



### Questions?

Visit [deltadentalins.com](https://deltadentalins.com) or call **800-471-0275**.

This benefit information is only a summary and is not intended to replace or serve as the plan contract. Please consult the plan contract for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan contract, the terms of the contract will prevail.

<sup>1</sup>Delta Dental Premier is the largest dentist network nationwide based on total unique dentists, as of March 2021, according to Zelis Network360.

Delta Dental PPO™ is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA - Delta Dental of California; PA, MD - Delta Dental of Pennsylvania; NY - Delta Dental of New York, Inc.; DE - Delta Dental of Delaware, Inc.; WV - Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

**Delta Dental PPO™**  
**Pediatric Basic Plan**  
**New York Student Dental Plan**  
**with Capital District Physicians' Health Plan**

**Plan highlights<sup>1</sup>**

Deductibles and maximums per contract year		Pediatric benefits (up to age 19)	
<b>Deductible</b>	One enrollee Two or more enrolles	\$65 \$195	
<b>Deductible waived for diagnostic and preventive services</b>		No	
<b>Annual maximum</b> Maximum per person the plan will pay each year for services		None	
<b>Out-of-pocket maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.		\$375 for one enrollee, \$750 for two or more enrollees	
Covered services		Delta Dental pays	You pay
<b>Diagnostic and preventive services</b>		100%	0%
<b>Basic services</b>		50%	50%
<b>Major services</b>		50%	50%
<b>Orthodontic services</b> Medically necessary (requires prior authorization)		50%	50%
<b>Waiting periods</b>		None	

<sup>1</sup> Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan contract for complete limitations and exclusions for this plan.

**Delta Dental PPO™**  
 Pediatric Basic Plan  
 New York Student Dental Plan  
 with Capital District Physicians' Health Plan

**Schedule of benefits**

<b>Cost-sharing</b>	<b>Participating provider member responsibility for cost-sharing</b>	<b>Non-participating provider member responsibility for cost-sharing</b>	<b>Limits</b>
<b>Pediatric dental care essential health benefit</b>			
<b>Deductible</b>			
<ul style="list-style-type: none"> <li>• One (1) member under age 19</li> <li>• Two (2) or more members under age 19</li> </ul>	\$65 each plan year \$195 each plan year	\$65 each plan year \$195 each plan year	The deductible is a combined in-network and out-of-network deductible.
<b>Out-of-pocket limit</b>			
<ul style="list-style-type: none"> <li>• One (1) member under age 19</li> <li>• Two (2) or more members under age 19</li> </ul>	\$375 each plan year \$750 each plan year	Not applicable Not applicable  Any charges of a non-participating provider that are in excess of the allowed amount do not apply towards the deductible or out-of-pocket limit. You must pay the amount of the non-participating provider's charge that exceeds our allowed amount.	
<b>Pediatric dental care non-essential health benefit</b>			
<b>Out-of-pocket limit</b>			
<ul style="list-style-type: none"> <li>• Individual</li> <li>• Family</li> </ul>	None None	None None	None None

Summary of pediatric dental essential health benefit and care	Participating provider member responsibility for cost-sharing	Non-participating provider member responsibility for cost-sharing	Limits
<b>Pediatric dental care</b>			
<b>Emergency dental care</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Preventive dental care</b>	0% coinsurance after deductible	0% coinsurance after deductible	Two (2) cleanings per plan year
<b>Routine dental care</b>	0% to 50% coinsurance after deductible	0% to 50% coinsurance after deductible	Two (2) dental exams per plan year Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at six month intervals
<b>Endodontics</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Periodontics</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Prosthodontics</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Oral Surgery</b>	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Orthodontics</b> Preauthorization required	50% coinsurance after deductible	50% coinsurance after deductible	
<b>Pediatric dental care essential health benefit</b>			
<b>Routine dental care</b>			
<ul style="list-style-type: none"> <li>Dental examinations and consultations</li> <li>X-rays, full mouth x-rays or panoramic x-rays</li> </ul>	0% coinsurance after deductible	0% coinsurance after deductible	Two (2) dental exams per plan year Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at six month intervals
<ul style="list-style-type: none"> <li>Two (2) dental exams per plan year</li> <li>Full mouth x-rays or panoramic x-rays at 36 month intervals and bitewing x-rays at six month intervals</li> </ul>	50% coinsurance after deductible	50% coinsurance after deductible	
Treatment of temporomandibular joint (TMJ) dysfunction	50% coinsurance after deductible	50% coinsurance after deductible	

All in-network preauthorization requests are the responsibility of your participating provider. You will not be penalized for a participating provider's failure to obtain a required preauthorization. However, if services are not covered under the contract, you will be responsible for the full cost of the services.