

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, 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.

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.

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.

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

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Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Taboola, Inc.

Group No: 21189

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	Base Plan: \$1,500 per person each calendar year Premium Plan: \$2,000 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Base Plan		Premium 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, x-rays and sealants	0 %	10 %	0 %	0 %
Basic Services Fillings and posterior composites	10 %	30 %	20 %	20 %
Endodontics (root canals) Covered Under Basic Services	10 %	30 %	20 %	20 %
Periodontics (gum treatment) Covered Under Basic Services	10 %	30 %	20 %	20 %
Oral Surgery Covered Under Basic Services	10 %	30 %	20 %	20 %
Major Services Crowns, onlays, cast restorations and TMJ	40 %	50 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	40 %	50 %	50 %	50 %
Orthodontic Benefits	50 % Dependent children		50 % Adults and dependent children	
Orthodontic Maximums	\$1,000 Lifetime		\$1,500 Lifetime	

* 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.

† The coinsurance shown here reflects your cost-sharing responsibility. 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 coinsurance shown here reflects your cost-sharing responsibility. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of New York

300 Corporate Center Drive, Suite 600
Camp Hill, PA 17011

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.