

# Keep Smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://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](https://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.<sup>4</sup> Log in to our online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on 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

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

**Plan Benefit Highlights for:** Georgetown University

**Group No:** 03178

|                                                                                                                 |                                                                                                                                                     |                        |                        |                                                   |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|---------------------------------------------------|
| <b>Eligibility</b>                                                                                              | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer). |                        |                        |                                                   |
| <b>Deductibles</b><br>Deductibles waived for Diagnostic and Preventive (D & P) and Orthodontics, if applicable? | \$50 per person / \$100 per family each calendar year                                                                                               |                        |                        |                                                   |
|                                                                                                                 | Yes                                                                                                                                                 |                        |                        |                                                   |
| <b>Maximums</b><br><br>D & P counts toward maximum?                                                             | <b>Standard Plan:</b> \$1,000 per person each calendar year<br><b>Enhanced Plan:</b> \$2,000 per person each calendar year                          |                        |                        |                                                   |
|                                                                                                                 | <b>Standard Plan:</b> Yes<br><b>Enhanced Plan:</b> No                                                                                               |                        |                        |                                                   |
| <b>Waiting Period(s)</b>                                                                                        | Basic Services<br>None                                                                                                                              | Major Services<br>None | Prosthodontics<br>None | Orthodontics<br>Standard - N/A<br>Enhanced - None |

| <b>Benefits and Covered Services*</b>                                                            | <b>Standard Plan</b>               |                                        | <b>Enhanced Plan</b>               |                                        |
|--------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------|------------------------------------|----------------------------------------|
|                                                                                                  | <b>Delta Dental PPO dentists**</b> | <b>Non-Delta Dental PPO dentists**</b> | <b>Delta Dental PPO dentists**</b> | <b>Non-Delta Dental PPO dentists**</b> |
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, cleanings, x-rays and sealants | 100 %                              | 80 %                                   | 100 %                              | 100 %                                  |
| <b>Basic Services</b><br>Fillings and simple extractions                                         | 80 %                               | 80 %                                   | 90 %                               | 80 %                                   |
| <b>Posterior Composites</b>                                                                      | 0 %                                | 0 %                                    | 90 %                               | 80 %                                   |
| <b>Endodontics</b> (root canals)<br>Covered Under Major Services                                 | 60 %                               | 50 %                                   | 60 %                               | 50 %                                   |
| <b>Non-Surgical Periodontics</b><br>(gum treatment)<br>Covered Under Basic Services              | 80 %                               | 80 %                                   | 90 %                               | 80 %                                   |
| <b>Surgical Periodontics</b><br>(gum treatment)<br>Covered Under Major Services                  | 60 %                               | 50 %                                   | 60 %                               | 50 %                                   |
| <b>Oral Surgery</b><br>Covered Under Major Services                                              | 60 %                               | 50 %                                   | 60 %                               | 50 %                                   |
| <b>Major Services</b><br>Crowns, inlays, onlays and cast restorations                            | 60 %                               | 50 %                                   | 60 %                               | 50 %                                   |
| <b>Prosthodontics</b><br>Bridges, dentures and implants                                          | 60 %                               | 50 %                                   | 60 %                               | 50 %                                   |
| <b>Orthodontic Benefits</b><br>Dependent children to age 19                                      | 0 %                                | 0 %                                    | 75 %                               | 75 %                                   |
| <b>Orthodontic Maximums</b>                                                                      | N/A                                | N/A                                    | \$2,000 Lifetime                   | \$2,000 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.

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

|                                             |                         |                              |
|---------------------------------------------|-------------------------|------------------------------|
| <b>Delta Dental of District of Columbia</b> | <b>Customer Service</b> | <b>Claims Address</b>        |
| One Delta Drive                             | 800-932-0783            | P.O. Box 2105                |
| Mechanicsburg, PA 17055                     |                         | Mechanicsburg, PA 17055-6999 |

[deltadentalins.com](http://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\_2COL\_HILO\_DDP (Rev. 10/6/2022)

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS