

Keep Smiling

Delta Dental PPOSM



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.⁴

Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free 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 sign in to Online Services, 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.⁵ You can find this date by logging in to Online Services.

Newly covered?

Visit deltadentalins.com/welcome.

Save with a PPO dentist



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 applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

⁴ We recommend verifying before each appointment that your dentist is a PPO dentist.

⁵ 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. Enrollees currently undergoing active orthodontic treatment 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.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

Plan Benefit Highlights for: PayPal, Inc.

Group No: 17690

Effective Date: 01/01/2018

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	Core Plan: Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year Non-Delta Dental PPO dentists: \$75 per person / \$225 per family each calendar year Enhanced Plan: Delta Dental PPO dentists: None Non-Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Core Plan: Yes Enhanced Plan: Delta Dental PPO dentists: Not Applicable Non-Delta Dental PPO dentists: Yes			
Maximums	Core Plan: \$1,500 per person each calendar year Enhanced Plan: \$2,500 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None	Prosthodontics None

Benefits and Covered Services**	Core Plan		Enhanced 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 x-rays	100 %	100 %	100 %	100 %
Basic Services Fillings, posterior composites, and sealants	80 %	80 %	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %	50 %
Prosthodontics Bridges, dentures and implants	50 %	50 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	Not Covered	Not Covered	50 %	50 %
Orthodontic Maximums	Not Covered	Not Covered	\$2,500 Lifetime	\$2,500 Lifetime
Night Guards	80 %	80 %	80 %	80 %
Night Guard Maximums	\$500 (Once every two calendar years)		\$500 (Once every two calendar years)	

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

† 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 California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

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.