

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO<sup>1</sup> dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.2 Find a dentist at deltadentalins.com.3

# **CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM**

- > Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- > Update your dental benefit statement delivery preference: Go paperless!
- > Find a Delta Dental PPO dentist near you.



## **NO ID CARD NECESSARY**

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

### HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.4 If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.



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

In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>2</sup> Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

<sup>3</sup> Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

<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 will be responsible for any costs. Group- and statespecific 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.









Plan Benefit Highlights for: The Research Foundation of SUNY

**Group No:** 01591

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of month that 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	Delta Dental PPO Dentists: \$2,000 per person each calendar year Non-Delta Dental PPO Dentists: \$1,500 per person each calendar year			
D & P counts toward maximum?	Yes (Maximums do not apply to D & P and Basic Services for dependent children to age 19)			
Waiting Period(s)	Basic Benefits 6 Months	Major Benefits 12 Months	Prosthodontics 12 Months	Orthodontics 6 Months

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P)  Exams, cleanings, x-rays, sealants and periodontal prophylaxis	100 %	100 %
Basic Services  Fillings, denture repair and relining, occlusal adjustments, bridge and crown/inlay/onlay recementation and repair and injectable antibiotics	75 %	75 %
Endodontics (root canals)	75 %	75 %
Periodontics (gum treatment)	75 %	75 %
Oral Surgery	75 %	75 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	50 %
Prosthodontics Bridges, dentures, implants and TMJ	50 %	50 %
Orthodontic Benefits  Dependent children	50 %	50 %
Orthodontic Maximums	\$ 2,000 Lifetime	\$ 2,000 Lifetime

<sup>\*</sup> 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.

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

Delta Dental of New York	Customer Service	Claims Address
One Delta Drive	800-932-0783	P.O. Box 2105
Mechanicsburg, PA 17055		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.