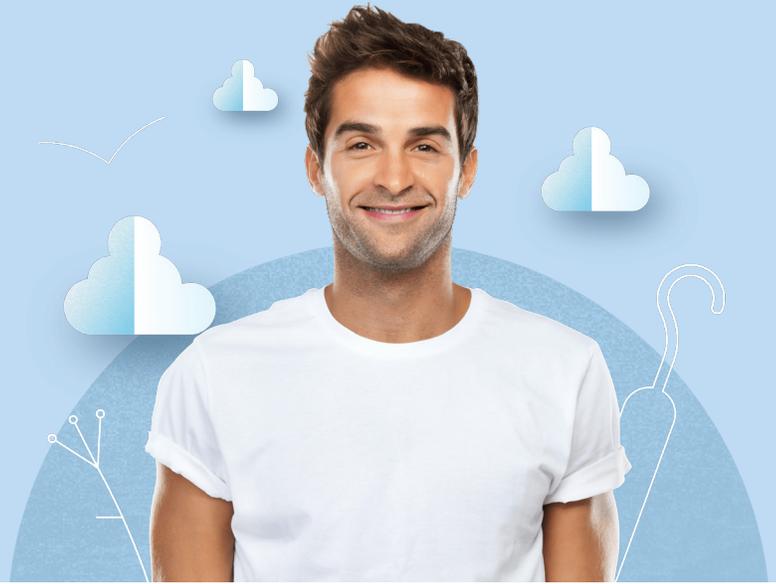


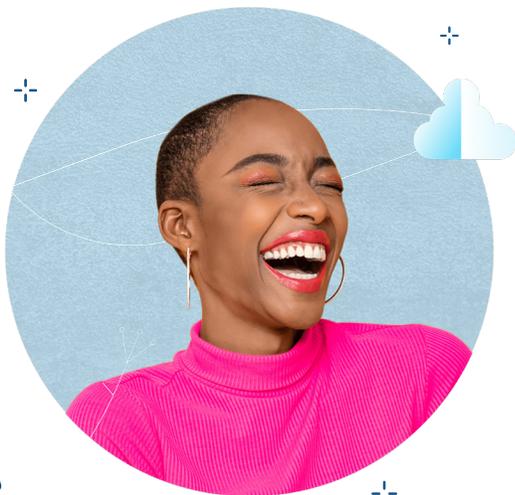
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Freedom of choice, peace of mind.
Get dental coverage that will keep
you and your family smiling at a price
you'll love.



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service and with affordable
monthly premiums.



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Keep your smile healthy with
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Underwriter
Dentegra Insurance Company
P.O. Box 660138
Dallas, TX 75266

Claims and Correspondence
P.O. Box 1850
Alpharetta, GA 30023

Customer Service
888-857-0328
dentegra.com

How does Dentegra Dental PPO work?



Dentegra Dental PPO helps you pay for covered dental services. After you meet your annual deductible (a set dollar amount you pay out of pocket), your Dentegra plan will pay a portion of your bill (up to your annual maximum).¹



Visit any dentist for care, but save the most at a Dentegra PPO dentist. PPO dentists accept reduced fees and won't charge you more than your expected share of the bill.



Kids can use their full benefits immediately. Adults may have a waiting period for some services. Check your plan highlights for details or [the Health Care Exchange \(Marketplace\) plans page](#) for more information.

When you want a plan that will help cover your costs while offering you the freedom to see the dentist of your choice, choose a Dentegra Dental PPO plan.

For more information, visit [our website](#) to learn more. To find a dentist, visit [the Dentegra Find a dentist page](#) and choose the "Health Care Exchange (Marketplace) PPO Plan" network.

This benefit information is only a summary and is not intended or designed to replace or serve as the plan policy. Please **consult the policy** for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the policy, the terms and conditions of the policy will prevail. View a copy of the policy, or call **888-857-0328**.

¹ For adult benefits, you're responsible for all charges after you reach your plan maximum.

Dentegra® Dental PPO

Family Preferred Plan

Plan Highlights

| Deductibles and Maximums per Calendar Year | Pediatric Benefits (up to age 19) | | | | Adult Benefits (age 19 and older) | | | |
|---|---|----------------------|----------------------|----------------------|--------------------------------------|----------------------|----------------------|----------------------|
| | In-Network | | Out-of-Network | | In-Network | | Out-of-Network | |
| Deductible Per enrollee Family (three or more enrollees) | \$65 NA | | | | \$50 \$150 | | | |
| Deductible Waived for Diagnostic and Preventive Services | Yes | | Yes | | Yes | | | |
| Annual Maximum Maximum the plan will pay each year for services per person. | None | | None | | \$1,000 | | | |
| Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. | \$450 for one pediatric enrollee, \$900 for two or more pediatric enrollees | | None | | None | | None | |
| Covered Services^{1, 2} | Dentegra Pays | Enrollee Pays | Dentegra Pays | Enrollee Pays | Dentegra Pays | Enrollee Pays | Dentegra Pays | Enrollee Pays |
| Diagnostic and Preventive Services | 100% | 0% | 100% | 0% | 100% | 0% | 90% | 10% |
| Basic Services | 80% | 20% | 80% | 20% | 80% | 20% | 70% | 30% |
| Major Services | 50% | 50% | 50% | 50% | 50% | 50% | 40% | 60% |
| Orthodontic Services Medically necessary (requires prior authorization) | 50% | 50% | 50% | 50% | Not a benefit | | Not a benefit | |
| Emergency Services (Palliative Treatment) | 80% | 20% | 80% | 20% | 80% | 20% | 80% | 20% |
| TMJ and Craniomandibular Disorder Services | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 50% |

| Covered Services^{1, 2} | Dentegra Pays | Enrollee Pays |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Waiting Periods | | | | | | | | |
| Basic Services | None | | None | | 6 months | | 6 months | |
| Major Services | None | | None | | 12 months | | 12 months | |

¹ 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 Policy for complete limitations and exclusions for this plan.

² Coverage may not be available in all areas. If applicable, service areas are detailed in the limitations and exclusions.

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¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 888-857-0328 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 888-857-0328 (TTY: 711)。 (Chinese)

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Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 888-857-0328 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 888-857-0328 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 888-857-0328 (TTY: 711). (Polish)

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क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 1-877-280-4204 (TTY: 711)। (Hindi)

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ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 1-877-280-4204 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

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