

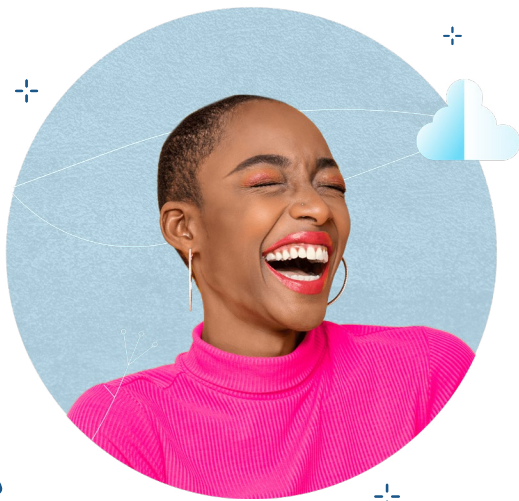
Affordability. Quality. Simplicity.

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



Is a Dentegra Dental PPO plan right for me?

With Dentegra you'll enjoy:



Freedom of choice.

Visit any dentist at any time.



Value.

Save money on your claims for
service and with affordable
monthly premiums.



Peace of mind.

Keep your smile healthy with
the coverage you need.

Underwriter
Dentegra Insurance Company
P.O. Box 660138
Dallas, TX 75266-0138

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

Customer Service
888-857-0328
[dentegra.com](https://www.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)	\$60 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	
Waiting Periods Basic Services Major Services	None None		None None		6 months 12 months		6 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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Կարո՞ղ եք կարդալ այս փաստաթուղթը: Եթե ոչ, ապա Ձեզ հասանելի են անվճար լեզվական օգնության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Խնդրում եմ զանգահարել 888-857-0328 (TTY` 711): (Armenian)

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ਕੀ ਤੁਸੀਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 888-857-0328 (TTY: 711)। (Punjabi)

Koj nyeem puas tau daim ntaub ntawv no? Yog tias tsis tau no, ces yuav muaj kev pab cuam txhais lus pab dawb rau koj. Cov khoom pab thiab cov kev pab cuam ntxiv uas tsim nyog los muab ntaub ntawv qhia paub ua hom ntaub ntawv uas siv tau kuj yuav muaj yam tsis tsub nqi dab tsi ntxiv. Thov hu rau 888-857-0328 (TTY: 711). (Hmong)

តើ អ្នកអាចអានឯកសារនេះបានទេ? ប្រសិនបើ មិនបានទេ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយដែលសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចងាយប្រើបាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-857-0328 (TTY: 711)។ (Cambodian)

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