

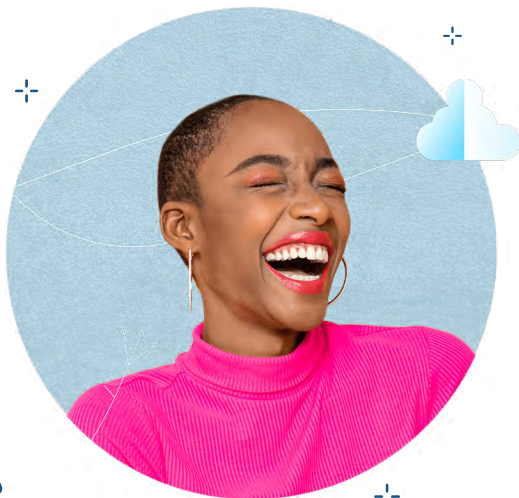
# Affordability. Quality. Simplicity.

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  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

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

**Customer Service**  
888-857-0328  
[dentegra.com](http://dentegra.com)

Dentegra Dental PPO is underwritten by Dentegra Insurance Company (Dentegra) in Florida.

# How does Dentegra Dental PPO work?



Dentegra 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<sup>1</sup>).



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 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**.

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

# Dentegra® Dental PPO

## Family Basic Plan

### Plan Highlights

| Deductibles and Maximums per Calendar Year  | Pediatric Benefits<br>(up to age 19)   |                      |                      |                      | Adult Benefits<br>(age 19 and older) |                      |                      |                      |
|---|--|----------------------|----------------------|----------------------|--------------------------------------|----------------------|----------------------|----------------------|
|   | In-Network   |                      | Out-of-Network       |                      | In-Network                           |                      | Out-of-Network       |                      |
| <b>Deductible</b><br>Per enrollee<br>Family (three or more enrollees)   | \$65<br>NA   |                      |                      |                      | \$50<br>\$150                        |                      |                      |                      |
| <b>Deductible Waived for Diagnostic and Preventive Services</b>   | No   |                      | No                   |                      | No                                   |                      |                      |                      |
| <b>Annual Maximum</b><br>Maximum the plan will pay each year for services per person.   | None   |                      | None                 |                      | \$1,000                              |                      |                      |                      |
| <b>Out-of-Pocket Maximum</b><br>After this amount is reached, the plan pays 100% of the remaining covered services for that year. | \$375 for one pediatric enrollee,<br>\$750 for two or more pediatric enrollees |                      | None                 |                      | None                                 |                      | None                 |                      |
| <b>Covered Services<sup>1, 2</sup></b>  | <b>Dentegra Pays</b>   | <b>Enrollee Pays</b> | <b>Dentegra Pays</b> | <b>Enrollee Pays</b> | <b>Dentegra Pays</b>                 | <b>Enrollee Pays</b> | <b>Dentegra Pays</b> | <b>Enrollee Pays</b> |
| <b>Diagnostic and Preventive Services</b>   | 100%   | 0%                   | 100%                 | 0%                   | 100%                                 | 0%                   | 90%                  | 10%                  |
| <b>Basic Services</b>   | 50%  | 50%                  | 50%                  | 50%                  | 50%                                  | 50%                  | 40%                  | 60%                  |
| <b>Major Services</b>   | 50%  | 50%                  | 50%                  | 50%                  | Not a benefit                        |                      | Not a benefit        |                      |
| <b>Orthodontic Services</b><br>Medically necessary (requires prior authorization)   | 50%  | 50%                  | 50%                  | 50%                  | Not a benefit                        |                      | Not a benefit        |                      |
| <b>Waiting Periods</b><br>Basic Services  | None   |                      | None                 |                      | 6 months                             |                      | 6 months             |                      |

<sup>1</sup> 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.

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

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 888-857-0328 (TTY: 711).

¿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)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 888-857-0328 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 888-857-0328 (TTY: 711)번으로 연락하십시오. (Korean)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 888-857-0328 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 888-857-0328 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانية اتصل بـ 888-857-0328 (TTY: 711). (Arabic)

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)

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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)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย ได้รับความช่วยเหลือฟรีได้โดยโทรไปที่ 1-877-280-4204 (TTY: 711) (Thai)

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)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք կրկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձեր լեզվով: Անվճար օգնություն համար խնդրում ենք զանգահարել 1-877-280-4204 (TTY 711): (Armenian)

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