



Dentegra® Dental PPO
Family Basic Plan
Plan year 2027

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

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 Basic 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)	Annual Deductible applies to Basic, Major and Orthodontic services \$75 NA				\$50 \$150			
Deductible Waived for Diagnostic and Preventive Services	Yes		Yes		No			
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	50%	50%	50%	50%	50%	50%	40%	60%
Major Services	50%	50%	50%	50%	Not a benefit		Not a benefit	
Orthodontic Services Medically necessary (requires prior authorization)	50%	50%	50%	50%	Not a benefit		Not a benefit	
Waiting Periods Basic Services	None		None		6 months		6 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.

Can you read this document? If not, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Please call 888-857-0328 (TTY: 711).

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您能否读懂这份文件？如果不能，我们可为您提供免费的语言协助服务。同时也免费提供适当的辅助用具和服务，以提供无障碍格式的信息。敬请来电 888-857-0328 (TTY: 711)。 (Chinese)

Kaya mo bang basahin ang dokumentong ito? Kung hindi, may mga magagamit kang libreng serbisyo para sa tulong sa wika. Mayroon ding mga libreng naaangkop na auxiliary aid at serbisyo para magbigay ng impormasyon sa mga accessible na format. Mangyaring tumawag 888-857-0328 (TTY: 711). (Tagalog)

Quý vị có đọc được tài liệu này không? Nếu không, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi điện 888-857-0328 (TTY: 711). (Vietnamese)

이 문서를 읽을 수 있습니까? 그렇지 않은 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 정보를 이해할 수 있는 형식으로 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 888-857-0328 (TTY: 711) 번으로 전화해 주십시오. (Korean)

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)

می‌توانید این سند را بخوانید؟ اگر نمی‌توانید، خدمات کمک زبانی به‌صورت رایگان در دسترس شما قرار دارد. امکانات و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های دسترسی‌پذیر نیز به‌صورت رایگان در اختیارتان قرار دارد. لطفاً تماس بگیرید (Persian Farsi) 888-857-0328 (TTY: 711)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع قراءته، فإنه تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر مجاناً أيضاً خدمات ووسائل مساعدة مناسبة لتقديم المعلومات بتنسيقات ملائمة لذوي الاحتياجات الخاصة. يرجى الاتصال هاتفياً (Arabic) 888-857-0328 (TTY: 711)

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क्या आप यह दस्तावेज़ पढ़ सकते हैं? यदि नहीं तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। कृपया कॉल करें 888-857-0328 (TTY: 711)। (Hindi)

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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)

តើអ្នកអាចអានឯកសារនេះបានទេ? ប្រសិនបើមិនបានទេ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយដែលសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចងាយប្រើបាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-857-0328 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่ หากไม่สามารถอ่านได้ บริการช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่ายพร้อมให้บริการ นอกจากนี้ ยังมีอุปกรณ์ช่วยเหลือและบริการเสริมที่เหมาะสมโดยไม่เสียค่าใช้จ่าย เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้ กรุณาติดต่อ 888-857-0328 (TTY: 711) (Thai)

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צי קענט איר לייענען די דאקומענט? אויב נישט, זענען דא אומזיסטע שפראך הילף סערוויסעס פאר אייך צו באקומען. נאך הילפ מיטלען און סערוויסעס אייך צו גיבן אינפארמאציע אין א פארמאט וואס ארבעט פאר אייך ווערן אויך צוגעשטעלט. ביטע רופט (Yiddish) (TTY) 711 888-857-0328

Díí naaltsoos baa nitsáháskeesgo shíł yá'áhoot'é? Doo shíł łahgo át'é da, t'áá ánooldó' t'óó' baa áhání bik'i' diilyaago baa nitsáhákeesgo at'é. Ákót'éego bee áháya t'áá áłtso bá hólónígíí dóó yá'át'éehígíí bee náníká be'elya, dóó t'áá ánooldó' bila' ashłí. T'áá shą naaltsoos bikáá' ách'í' haasdzíí dooleeł 888-857-0328 (TTY: 711) (Navajo)