

# Keep Smiling

## Delta Dental PPO<sup>SM</sup>



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](http://deltadentalins.com).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com](http://deltadentalins.com). This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or social security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>4</sup> You can find this date by logging in to Online Services.

### Newly covered?

Visit [deltadentalins.com/welcome](http://deltadentalins.com/welcome).

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<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 is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you 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:** Sony Pictures Entertainment

**Group No:** 17927

**Plan Year:** 01/01/2020

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of month that dependent turns age 26			
<b>Deductibles</b>	<b>Standard Option:</b> \$25 per person / \$50 per family each calendar year <b>High Option:</b> \$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
Deductibles waived for Orthodontics?	No : High Plan only			
<b>Maximums</b>	<b>Standard Option:</b> \$1,500 per person each calendar year <b>High Option:</b> \$3,000 per person each calendar year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Standard Option</b>		<b>High Option</b>	
	<b>Delta Dental PPO &amp; Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>	<b>Delta Dental PPO &amp; Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services</b> Exams (2), cleanings (3), x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and posterior composite restorations	80 %	80 %	90 %	80 %
<b>Endodontics</b> (root canals)	80 %	80 %	90 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %	90 %	80 %
<b>Oral Surgery</b>	80 %	80 %	90 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	60 %	50 %	85 %	50 %
<b>Prosthodontics</b> Bridges, dentures, TMJ and implants	60 %	50 %	85 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Maximums</b>	Not applicable	Not applicable	Combined with Annual Max	Combined with Annual Max
<b>Night Guards</b>	80%	80%	90%	80%

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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

Delta Dental of New York  
One Delta Drive  
Mechanicsburg, PA 17055-6999

**Customer Service**  
800-471-7059

**Claims Address**  
P.O. Box 2105  
Mechanicsburg, PA 17055-2501

[www.deltadentalins.com/sony](http://www.deltadentalins.com/sony)

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.