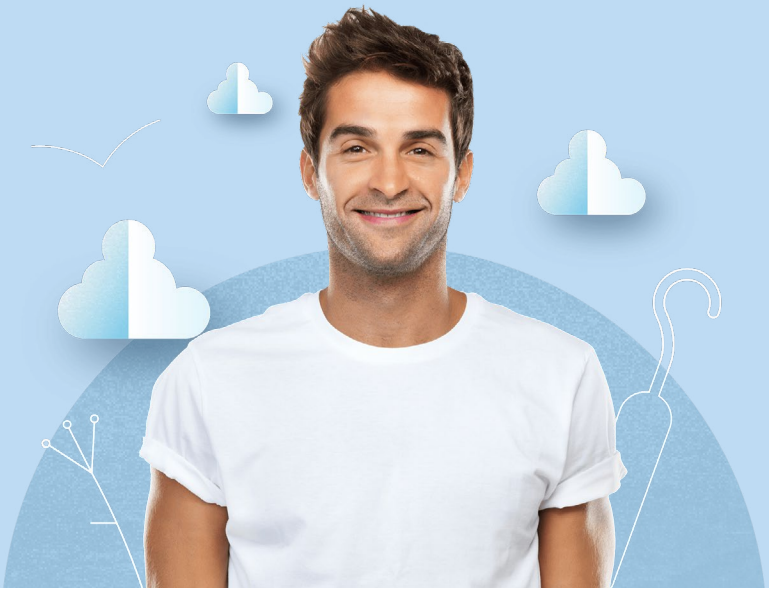
DENTEGRA® Insurance Company

Dentegra® Dental PPO
Family Preferred 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 75266-0138

**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.



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

DEN #1051449.02 (07/26)

# 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**<br>Per enrollee<br>Family (three or more enrollees) | $60<br>NA | | $50<br>$150 | |
| **Deductible Waived for Diagnostic and Preventive Services** | Yes | Yes | Yes | |
| **Annual Maximum**<br>Maximum the plan will pay each year for services per person. | None | None | $1,000 | |
| **Out-of-Pocket Maximum**<br>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**<br>Medically necessary (requires prior authorization) | 50% | 50% | 50% | 50% | Not a benefit | | Not a benefit | |
| **Waiting Periods**<br>Basic Services<br>Major Services | None<br>None | | None<br>None | | 6 months<br>12 months | | 6 months<br>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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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)

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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)

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