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.

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.

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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.

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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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 دسترس‌پذیر نیز به‌صورت رایگان در اختیارتان قرار دارد. لطفاً تماس بگیرید 888-857-0328 (TTY: 711). (Persian Farsi)

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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 ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ 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? ប្រសិ នបើ មិ នបានទេ សេវាជំនួយផ្នែកភាសាឥតគិ តថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និ ងសេវា ជំនួយដែលសមស្របដើ ម្បី ផ្តល់ព័ ត៌ មានក្នុងទម្រង់ដែលអាចងាយប្រើ បាន ក៏ អាចរកបានដោយឥតគិ តថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-857-0328 (TTY` 711)។ (Cambodian)

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