

Affordability. Quality. Simplicity.

We get it. Shopping for dental coverage can be confusing. Let us make it easy for you.

What is Dentegra PPO?

Dentegra PPO is a coinsurance plan.

You can visit any dentist, but to save the most money, you should visit a Dentegra PPO network dentist. That's because Dentegra PPO dentists accept reduced fees for plan enrollees.

With Dentegra, using your benefits is easy. Once you meet your deductible, your plan pays a percentage of your costs for covered services and you pay the rest.¹

It's that simple.

Use our **Find a Dentist** tool to find a Dentegra PPO dentist near you.

Is a Dentegra PPO plan right for me?

Dentegra might be the perfect choice if you want:

Freedom of choice

Visit any dentist any time.

Value

Save with competitive premiums and real claims savings.

Peace of mind

Keep your smile healthy with the coverage you need.

If you're looking for a dental plan that's got you covered, make the logical choice — choose Dentegra PPO.

Check out the plan highlights on the next page to find out what services are covered and what percentage you would pay.

Want more? [View the full plan design](#), plus limitations and exclusions.

Questions?

Call us: **888-857-0328**

Go online: **[dentegra.com](https://www.dentegra.com)**

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, once the plan maximum is reached, all charges are the responsibility of the patient.

Dentegra® Dental PPO

Family Basic Plan

Plan Highlights	Pediatric Benefits (up to age 19)				Adult Benefits (age 19 and older)			
	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductibles and Maximums per Calendar Year	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible Per enrollee	\$65		\$65		\$50		\$50	
Family (three or more enrollees)	Not applicable		Not applicable		\$150		\$150	
Deductible Waived for Diagnostic and Preventive Services	No		No		No		No	
Annual Maximum Maximum the plan will pay each year for services per person.	None		None		\$1,000		\$1,000	
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year.	\$375 for one pediatric enrollee, \$750 for two or more pediatric enrollees		None		None		None	
Covered Services^{1,2}	<i>Dentegra Pays</i>	<i>Enrollee Pays</i>	<i>Dentegra Pays</i>	<i>Enrollee Pays</i>	<i>Dentegra Pays</i>	<i>Enrollee Pays</i>	<i>Dentegra Pays</i>	<i>Enrollee Pays</i>
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	
Emergency Services (Palliative Treatment)	50%	50%	50%	50%	50%	50%	50%	50%
TMJ and Craniomandibular Disorder Services	50%	50%	50%	50%	50%	50%	50%	50%
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, 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)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 888-857-0328 (TTY : 711). (French)

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)

คุณจะสามารถอ่านเอกสารนี้ได้หรือไม่? 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 ունենք մեկին կզանենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ զրկան ձեր լեզվով: Անվճար օգնություն համար խնդրում ենք զանգահարել 1-877-280-4204 (TTY 711): (Armenian)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 888-857-0328 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសាបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 888-857-0328 (TTY: 711)។ (Cambodian)

צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דא קען אייך העלפן אים צו לייענען. עס איז אויך מעגלעך, אז איר קענט באקומען דעם דאזיקן דאקומענט אין אייער שפראך. פאר אומזיסטע היילף קענט איר אנקלינגען אט די דאזיקע נומער: 888-857-0328 (Yiddish) 711 וואס הערן ניט:

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóoltahígíí níhee hóló. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago áldó' nich'í' ádoolníłtgo bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 888-857-0328 (TTY: 711) (Navajo)