DELTA DENTAL®

Keep Smiling

DPO



Save with DPO

Visit a dentist in the DPO[1] network to maximize your savings.[2] These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.[3] Find a DPO dentist at **deltadentalins.com**.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at **deltadentalins.com**.

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'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

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

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.[4] Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care[5], you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a DPO dentist



DPO



NON-DPO

[1] In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

[2] You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-DPO dentist. Network dentists are paid contracted fees.

[3] You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

[4] 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 this plan. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

[5] Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Copyright © 2020 Delta Dental. All rights reserved.
HL_DPO #129455A (rev. 8/20)

Plan Benefit Highlights for: DallasNews Corporation

Group No: 03157 **Effective Date:** 1/1/2022

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	$25 per person / $75 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	Yes			
Maximums	**Low Plan:** $750 per person each calendar year **High Plan:** $2,000 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

	Low Plan		High Plan	
Benefits and Covered Services*	**Delta Dental DPO dentists†**	**Non-Delta Dental DPO dentists†**	**Delta Dental DPO dentists†**	**Non-Delta Dental DPO dentists†**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
Basic Services Fillings	80 %	80 %	80 %	80 %
Endodontics (root canals)	0 %	0 %	50 %	50 %
Periodontics (gum treatment)	0 %	0 %	50 %	50 %
Oral Surgery	80 %	80 %	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %	50 %	50 %
Prosthodontics Bridges and dentures	0 %	0 %	50 %	50 %
Orthodontic Benefits Adults and dependent children	0 %		50 %	
Orthodontic Maximums	N/A		$1,500 Lifetime	

* 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.

† Reimbursements based on DPO contracted fees for DPO dentists, DPO contracted fees for Premier dentists and DPO contracted fees for non-Delta Dental dentists.

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

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.