



Group name: TERRA TECH CORP DBA UNRIVALED B.

Group number: 20627-03006

Effective date: January 1, 2024

# Keep Smiling

## Delta Dental PPO™



### 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](https://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](https://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.<sup>4</sup> 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<sup>5</sup>, 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 PPO dentist



PPO



NON-PPO

<sup>1</sup> In Texas, Delta Dental Insurance Company provides 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 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.

<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.

<sup>5</sup> 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.

# Small Business Program Benefit Highlights

## Delta Dental PPO

### Plan: Advantage 400

#### Eligibility

Who's eligible for benefits?

- You
- Your spouse
- Dependent children up to age 26

#### Waiting periods<sup>1</sup>

- Basic services: None
- Major services: None
- Prosthodontics: None
- Orthodontics: None

#### Deductibles

\$50 per person, \$150 per family each calendar year

#### Maximums

\$1,500 per person each calendar year

Benefits and Covered Services*	Delta Dental PPO dentists <sup>2</sup>	Delta Dental Premier dentists <sup>2, 3</sup>	non-Delta Dental dentists <sup>2, 4</sup>
<b>Diagnostic &amp; preventive services (D&amp;P)</b> Exam, cleanings, x-rays and enhanced pregnancy benefit	100%	100%	100%
	You don't have to meet your deductible to get coverage for diagnostic and preventive services.		
<b>Basic services</b> Fillings, denture repair and sealants	80%	80%	80%
<b>Endodontics</b> Root canals	80%	80%	80%
<b>Oral surgery</b>	80%	80%	80%
<b>Periodontics</b> Gum treatment	80%	80%	80%
<b>Major services</b> Crowns, inlays, onlays and cast restorations	50%	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%	50%
<b>Orthodontics</b>	Not Covered	Not Covered	Not Covered

<sup>1</sup>The waiting period may be waived: 1) if you were enrolled when your employer initially purchased this dental plan or 2) if you were enrolled in your employer's prior comprehensive dental plan with no break in coverage.

<sup>2</sup>Reimbursement is based on PPO contracted fees for PPO, Premier and non-Delta Dental dentists.

<sup>3</sup>Delta Dental Premier\* dentists are considered non-PPO dentists.

<sup>4</sup>Non-Delta Dental Providers have no agreement with Delta Dental and are free to bill you any difference between what Delta Dental pays and the submitted fee.

**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105  
deltadentalins.com

**Customer service**  
800-765-6003

**Claims address**  
P.O. Box 997330  
Sacramento, CA 95899-7330

\* This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description or Group Dental Service Contract. If you have specific questions about the benefits, limitations or exclusions of your plan, please consult your company's benefits representative.