Keep smiling
Delta Dental PPO™

Save with PPO
Visit a dentist in the PPO network to maximize your savings. These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill. Find a PPO dentist at deltadentalins.com.

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. 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, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at 855-248-2020 and Amplifon at 888-779-1429.

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.

Save with a PPO dentist

PPO
NON-PPO

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-PPO 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.
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 Delta Dental PPO. 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.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.
### Benefit Highlights: Delta Dental PPO™

**Plan Benefit Highlights for:** Hofstra University  
(Individual Plan - Local 153, 282 & 553)  
**Group No:** 05747

#### Eligibility
For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

#### Deductibles
- **Deductibles waived for Diagnostic & Preventive (D & P)?**
  - Yes
- **Deductibles**
  - $50 per person each calendar year

#### Maximums
- **D & P counts toward maximum?**
  - Yes
- **Maximums**
  - $2,000 per person each calendar year

#### Waiting Period(s)
<table>
<thead>
<tr>
<th>Basic Services</th>
<th>Major Services</th>
<th>Prosthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

#### Benefits and Covered Services*

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>Delta Dental PPO dentists**</th>
<th>Non-Delta Dental PPO dentists**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services (D &amp; P)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Exams, cleanings and x-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (gum treatment)</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns, onlays and cast restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Bridges, dentures and implants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist’s submitted fees.

** The coinsurance shown here reflects your cost-sharing responsibility. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

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**Delta Dental of New York**

One Delta Drive  
Mechanicsburg, PA 17055

**Customer Service**

800-932-0783

**Claims Address**

P.O. Box 2105  
Mechanicsburg, PA 17055-6999

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.

Revised 10/13/2023