



# Your smile, your choice

Delta Dental PPO™ and  
DeltaCare® USA (DHMO)

You can choose between two dental plan types from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care.

**Your options are:**



## Delta Dental PPO

This preferred provider plan offers the convenience and flexibility of visiting licensed dentists anywhere.

Covered services are paid based on percentage—if, for example, fillings are covered at 80 percent, you pay the remaining 20 percent. Get the most plan value by choosing a Delta Dental PPO dentist who will complete claim forms for you and can help advise you on questions regarding your share of the payment.

## DeltaCare USA (DHMO)

Under this HMO-type plan, you'll have your choice of primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.<sup>1</sup> Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.<sup>2</sup>

Turn the page for more details to help you choose the best plan for your needs. 

[www.deltadentalinc.com/lowes](http://www.deltadentalinc.com/lowes)

# Compare plan features

	Delta Dental PPO	DeltaCare USA (DHMO)
<b>Can I go to any dentist?</b>	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. <sup>1</sup>
<b>What procedures are covered?</b>	Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost.	Your plan covers more than 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments.
<b>Are there deductibles and maximums?</b>	Yes, both plans have an annual deductible and maximum.	No, there are no annual deductibles or maximums.
<b>Am I covered for treatment I began under a different employer-sponsored dental plan?</b>	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.
<b>What if I started orthodontic treatment under my previous dental plan?</b>	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan, subject to Delta Dental plan maximums, deductibles and/or copayments.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
<b>What happens if I need to see a specialist?</b>	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral. <sup>3</sup>
<b>What is my out-of-area coverage?</b>	You can visit any licensed dentist.	You have a limited benefit to go out of network for emergency care.
<b>How do I change my dentist?</b>	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone. <sup>4</sup>
<b>Do I need to fill out claims?</b>	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a nonparticipating dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan. <sup>5</sup>

<sup>1</sup> In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

<sup>2</sup> Refer to your plan booklet for more information about covered services, deductibles and maximums.

<sup>3</sup> Most services not performed by your primary care dentist must be authorized by Delta Dental. Specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

<sup>4</sup> You can change your dentist any time without contacting Delta Dental.

<sup>5</sup> You may have to complete a claim form if you visit an out-of-network dentist.

DeltaCare USA is underwritten in these states by these entities: AL—Alpha Dental of Alabama, Inc.; AZ—Alpha Dental of Arizona, Inc.; CA—Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY—Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV—Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX—Alpha Dental Programs, Inc.; NV—Alpha Dental of Nevada, Inc.; UT—Alpha Dental of Utah, Inc.; NM—Alpha Dental of New Mexico, Inc.; NY—Delta Dental of New York, Inc.; PA—Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.