Save with PPO
Visit a dentist in the PPO network to maximize your savings.¹ These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill.² Find a PPO dentist at deltadentalins.com.

Set up an online account
Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

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 will need your information. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

Coordinate dual coverage
If you’re covered under two plans, ask your dental office to include information about both plans with your claim, and we’ll handle the rest.

Understand transition of care
Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan’s effective date of coverage.³ You can find this date by logging in to Online Services.

Newly covered?
Visit deltadentalins.com/welcome.

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Plan Benefit Highlights for: Johns Hopkins Hospital/Johns Hopkins Health System Corporation (Howard County General Hospital)

Group No: 18953 Effective Date: 1/1/2019

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26</th>
</tr>
</thead>
</table>
| Deductibles | Delta Dental PPO dentists: None  
Non-Delta Dental PPO dentists: $50 per person / $150 per family each calendar year  
Non-Delta Dental PPO dentists: Deductible applies to all services except Orthodontics |
| Maximums | Comprehensive Plan: $1,500 per person each calendar year  
High Plan: $3,000 per person each calendar year |
| D & P counts toward maximum? | Yes |
| Waiting Period(s) | Basic Benefits  
Major Benefits  
Prosthodontics  
Orthodontics |

<table>
<thead>
<tr>
<th>Benefits and Covered Services**</th>
<th>Comprehensive Plan</th>
<th></th>
<th></th>
<th>High Plan</th>
</tr>
</thead>
</table>
| Diagnostic & Preventive Services (D & P) | Delta Dental PPO dentists†  
Non-Delta Dental PPO dentists† | Delta Dental PPO dentists†  
Non-Delta Dental PPO dentists† | Delta Dental PPO dentists†  
Non-Delta Dental PPO dentists† |
| Exams, cleanings, x-rays and sealants | 100 %  
80 % | 100 %  
80 % | 100 %  
80 % |
| Basic Services | | |
| Fillings | 80 %  
60 % | 80 %  
60 % | 80 %  
60 % |
| Endodontics (root canals) | Covered Under Basic Services | | |
| Covered Under Basic Services | | | |
| Periodontics (gum treatment) | Covered Under Basic Services | | |
| Covered Under Basic Services | | | |
| Oral Surgery | Covered Under Basic Services | | |
| Covered Under Basic Services | | | |
| Major Services | Covered Under Basic Services | | |
| Crowns, inlays, onlays and cast restorations | 50 %  
30 % | 60 %  
40 % | 60 %  
40 % |
| Prosthodontics | | | |
| Bridges, dentures and implants | 50 %  
30 % | 60 %  
40 % | 60 %  
40 % |
| Orthodontic Benefits | | | |
| Adults and dependent children | 0 %  
0 % | 50 %  
50 % | 50 %  
50 % |
| Orthodontic Maximums | N/A  
N/A | $1,500 Lifetime  
$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.  
† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania  
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.