Keep smiling Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ 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 PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

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 to

provide 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 Care⁵, 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**.

Save with a PPO dentist







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. 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 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.

Benefit Highlights: Delta Dental PPO ™

Plan Benefit Highlights for: Marvell Semiconductor, Inc.

Group No: 00799 **Effective Date:** 1/1/2025

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).				
Deductibles	\$50 per person / \$150 per family each calendar year				
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes				
Maximums	\$2,000 per person per calendar year				
D & P counts toward maximum?	No				
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None	

Benefits and	Delta Dental	Delta Dental	Non-Delta	
Covered Services*	PPO dentists**	Premier dentists**	Dental dentists**	
Diagnostic & Preventive				
Services (D & P)	100 %	100 %	100 %	
Exams, cleanings and x-rays				
Basic Services	00.0/	00.0/	00.0/	
Fillings, posterior composites and sealants	80 %	80 %	80 %	
Endodontics (root canals)	80 %	80 %	80 %	
Covered Under Basic Services	00 /0	00 /0	00 70	
Periodontics (gum treatment)	80 %	80 %	80 %	
Covered Under Basic Services	30 70			
Oral Surgery	80 %	80 %	80 %	
Covered Under Basic Services	30 70	30 70	33 /4	
Major Services	50 %	50 %	50 %	
Crowns, onlays and cast restorations	33 /3	33 /3	00 //	
Prosthodontics	50 %	50 %	50 %	
Bridges, dentures and implants				
Implant Maximums	\$2,000 Calendar Year	\$2,000 Calendar Year	\$2,000 Calendar Year	
Orthodontic Benefits	50 %	50 %	50 %	
Adults and dependent children	30 70			
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime	
Replacement of Lost or Broken	Φ500 C-11 V	Φ500 C-11 V	Φ500 C-11 V	
Retainer	\$500 Calendar Year	\$500 Calendar Year	\$500 Calendar Year	
Occlusal Guard Benefits	80 %	80 %	80 %	
Occlusal Guard Maximums	\$500 Calendar Year	\$500 Calendar Year	\$500 Calendar Year	

^{*} 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.

^{**} Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300	888-335-8227	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330

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.

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