



ABOUT DELTA DENTAL PPO

Under the PPO plan, you can visit any licensed dentist of your choice, and your family members may select different dentists. You can change dentists at any time, go to a dental specialist of your choice and receive dental care anywhere in the world.

To make the *most* of your benefits and pay the *lowest* out-of-pocket costs under the Delta Dental PPO plan, we recommend you visit a Delta Dental PPO network dentist (92,000 dentist locations nationwide; more than 13,000 in California).

If you choose a dentist who is not in the PPO network, but you choose to have services from a Delta Dental Premier dentist, you will benefit from guaranteed copayments limited to the approved Delta Dental Premier fees. You won't receive this cost protection and other conveniences when you visit a non-Delta dentist.

IN-NETWORK	OUT-OF-NETWORK	
DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTISTS
Your out-of-pocket expense will likely be less because PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees approved by Delta Dental (Premier dentist fees are generally higher than PPO dentist fees).	You will be responsible for the difference if your dentist charges more than Delta Dental's approved fees.
You may be charged only the patient share* at the time of treatment, not Delta Dental's portion.	You may be charged only the patient share* at the time of treatment, not Delta Dental's portion (patient share is likely to be higher compared to a PPO dentist).	You may have to pay the entire amount in advance and wait for reimbursement.
Claim forms will be completed and submitted for you at no charge.	Claim forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.

DELTA DENTAL PPO IS EASY TO USE

To use your PPO plan, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist your group number, which is at the top of this page, and the primary enrollee's identification number. When you call a PPO dentist for an appointment, please confirm that the dentist participates in the Delta Dental PPO network.

To check if your current provider is a Delta Dental PPO dentist or for a list of PPO dentists in your area, search the dentist directory on our web site at [www.deltadentalca.org](http://www.deltadentalca.org). You can also check with your benefits administrator, who has a complete list of PPO dentists.

Visit our web site to view your eligibility and benefits or print your own ID card. (Note: You do not need an ID card to verify coverage, make an appointment or receive treatment.) You also can have eligibility information faxed to you by calling toll-free (800) 765-6003.

Delta Dental of California offers you what no other dental plan can — The Delta Difference®. Here's what makes us unique:

- ◆ *Determination of fees.* PPO and Premier dentists agree to our determination of fees.
- ◆ *Copayments are guaranteed.* PPO and Premier dentists may charge you only what Delta Dental determines to be your share of the treatment cost. Your copayments will most likely be lowest when you visit a PPO dentist.
- ◆ *We require professional treatment standards.* PPO and Premier dentists must meet professional standards for hygiene, radiation safety and other areas related to quality care.

These are just a few of the reasons that *one in three Californians* count on Delta Dental for dental care benefits.

\* "Patient share" is the copayment, applicable deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage or Summary Plan Description. Examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.

PRINCIPAL BENEFITS AND COVERED SERVICES\*

<b>WHEN TREATMENT IS PROVIDED BY...</b>	<b>A DELTA DENTAL PPO IN-NETWORK DENTIST</b>	<b>AN OUT-OF-NETWORK DENTIST (if you go out-of-network, visit a Delta Dental Premier dentist for lower costs)</b>
<b>WHO'S COVERED</b>	Primary enrollee, spouse or domestic partner as well as dependent children to age 25.	Primary enrollee, spouse or domestic partner as well as dependent children to age 25.
<b>DEDUCTIBLES</b>	<b>No deductible</b>	<b>No deductible</b>
<b>BENEFITS MAXIMUM</b>	<b>\$2,500 per person</b> per contract year	<b>\$2,500 per person</b> per contract year
<b>DIAGNOSTIC AND PREVENTIVE BENEFITS*</b> — oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	<b>100%</b> of PPO dentist's approved fee (no deductible applies for these services)	<b>100%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists (no deductible applies for these services)
<b>BASIC BENEFITS*</b> — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	<b>90%</b> PPO dentist's approved fee	<b>80%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists
<b>CROWNS, OTHER CAST RESTORATIONS*</b>	<b>90%</b> PPO dentist's approved fee	<b>80%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists
<b>PROSTHODONTIC BENEFITS*</b> — bridges, full and partial dentures	<b>50%</b> of PPO dentist's approved fee	<b>50%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists
<b>NIGHTGUARD BENEFITS</b>	<b>80%</b> of PPO dentist's allowed fee	<b>80%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists
<b>ORTHODONTIC BENEFITS*†</b> — for adults and dependent children	<b>50%</b> of PPO dentist's approved fee (subject to a <b>\$2,500</b> lifetime maximum per person)	<b>50%</b> of Premier dentist's approved fee or the fee that satisfies a majority of Delta dentists (subject to a <b>\$2,500</b> lifetime maximum per person)

*\*Please refer to your Evidence of Coverage or Summary Plan Description for limitations on these benefits. Examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists, which may result in higher out-of-pocket costs when you visit a non-Delta dentist.*

*†You must be enrolled in this dental plan for 6 continuous months before receiving these benefits.*

SERVICES THAT ARE NOT COVERED

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with Delta Dental before proceeding.

The following are *not* covered by the plan:

- ◆ Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws
- ◆ Cosmetic surgery or dentistry or services to correct congenital malformation
- ◆ Experimental procedures
- ◆ Therapeutic drugs, premedication or pain relievers
- ◆ Hospital costs or extra charges for hospital treatment
- ◆ Anesthesia (except for general anesthesia for oral surgery)
- ◆ Extra-oral grafts, implants and implant removal
- ◆ Treatment related to the temporomandibular joint (TMJ)

**The preceding information is not intended for use as a Summary Plan Description, nor is it designed to serve as an Evidence of Coverage for the plan.**

**This Delta Dental PPO plan is administered by Delta Dental of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or Summary Plan Description or contact our Customer Service department.**



P.O. Box 997330  
Sacramento, California 95899-7330

**Customer service:**  
(800) 765-6003

**Automated or faxed eligibility/benefits information and dentist listings:**  
(800) 765-6003

**Online eligibility/benefits information and dentist listings:**  
[www.deltadentalca.org](http://www.deltadentalca.org)