



ABOUT DELTA DENTAL PPO

The Delta Dental PPO plan allows you to:

- ◆ Save on out-of-pocket expense when you visit a Delta PPO network dental office
- ◆ Visit any licensed dentist of your choice — select a different dentist for each member of your family
- ◆ Change dentists at any time
- ◆ Go to a dental specialist of your choice
- ◆ Receive dental care anywhere in the world

Under the PPO plan, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the program when you choose one of the more than 12,200 in-network dental locations throughout California.

If you choose a non-network (non-PPO) dentist, you will benefit by selecting a Delta dentist. More than 23,600 dentists in California are Delta dentists, including PPO dentists. Delta dentists agree to abide by our fee and quality guidelines.

IN-NETWORK	OUT-OF-NETWORK	
PPO DENTISTS	NON-PPO DELTA DENTISTS	NON-DELTA DENTISTS
Your out-of-pocket expense will probably be less because our PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees allowable by Delta Dental.	You will be responsible for the difference if your dentist charges more than Delta Dental's allowed fees.
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.
You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may be charged only the patient share* at the time of treatment, not Delta's portion.	You may have to pay the entire amount in advance and wait for reimbursement.

* "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. Some examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.

DELTA DENTAL PPO IS EASY TO USE

Delta Dental PPO is our preferred provider plan. The plan provides the maximum benefit when you visit a PPO dentist. PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees. Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you also receive in-network benefits when visiting one of these Delta specialists.

To use your PPO plan, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist the primary enrollee's social security number. When you call a PPO dentist for an appointment, please confirm that the dentist participates in the Delta PPO network.

For a list of PPO or Delta dentists in your area, search the dentist directory on our web site at www.deltadentalins.com or call our toll-free automated telephone service at (800) 4-AREA-DR (800-427-3237). You can also check with your benefits administrator, who has a complete list of PPO and Delta 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.* Delta dentists agree to our determination of fees.
- ◆ *Copayments are guaranteed.* Delta dentists may charge you only what Delta determines to be your share of the treatment cost.
- ◆ *We require professional treatment standards.* Delta 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.

PRINCIPAL BENEFITS AND COVERED SERVICES*

WHEN TREATMENT IS PROVIDED BY...	A PPO IN-NETWORK DENTIST**	A NON-NETWORK (NON-PPO) DENTIST
WHO'S COVERED	Primary enrollee and spouse as well as dependent children to age 26	Primary enrollee and spouse as well as dependent children to age 26
DEDUCTIBLES AND BENEFITS MAXIMUM	\$3,000 per person per calendar year	\$25 per person, \$75 per family deductible per calendar year. The maximum benefit paid per calendar year is \$1,000 per person.
DIAGNOSTIC AND PREVENTIVE BENEFITS* — oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	100% of PPO approved fee (no deductible applies for these services)	50% of Delta approved fee
BASIC BENEFITS* — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	100% of PPO approved fee (no deductible applies for these services)	50% of Delta approved fee
CROWNS AND OTHER CAST RESTORATIONS*	100% of PPO approved fee (no deductible applies for these services)	50% of Delta approved fee
PROSTHODONTIC BENEFITS* — bridges, partial dentures, full dentures, implants	50% of PPO dentist's allowed fee	50% of Delta dentist's allowed fee
ORTHODONTIC BENEFITS — for adults and dependent children to age 26	100% of PPO approved fee (subject to a \$3,000 lifetime maximum per person)	100% of Delta approved fee (subject to a \$3,000 lifetime maximum per person)
ACCIDENT BENEFIT RIDER - separate from cal. yr. max	100%/\$1,000 per enrollee	100%/\$1,000 per enrollee

**Please refer to your Evidence of Coverage for limitations on these benefits. Some 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.*

****Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you receive in-network benefits when visiting one of these specialists.**

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
- ◆ 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 contact our Customer Service department.



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

For customer service:
(866) 499-3001

For automated or faxed eligibility/benefits information:
(800) 765-6003

For online eligibility/benefits information:
www.deltadentalins.com

For a list of Delta dentists:
(800) 4-AREA-DR (800-427-3237) or
www.deltadentalins.com

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