



# DELTA DENTAL PPO<sup>SM</sup> : YOUR SMILE IS COVERED

## ROBUST DENTIST NETWORKS

You can visit any licensed dentist under this plan, but you'll maximize plan value by taking advantage of our large nationwide networks. All Delta Dental dentists offer cost protections<sup>1</sup> and convenient service. Find a network dentist at [deltadentalins.com](http://deltadentalins.com).<sup>2</sup>

- › **Delta Dental PPO<sup>3</sup>** dentists generally offer the lowest contracted rates and greatest cost savings.
- › **Delta Dental Premier<sup>®</sup>** dentists are your next best bet, with contracted rates that help you save.

## NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

## SAVE WITH A PPO DENTIST



**DELTA DENTAL PPO**



**DELTA DENTAL PREMIER**



**NON-DELTA  
DENTAL DENTISTS**

LEGAL NOTICES: Access federal and state legal notices related to your plan: [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html)

<sup>1</sup> Premier dentists' contracted fees are usually higher than PPO dentists', but both PPO and Premier dentists won't balance bill the difference between the contracted fee and their usual rate. Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services. Refer to your plan booklet for more information.

<sup>2</sup> Verify that your dentist is a contracted Delta Dental PPO or Delta Dental Premier dentist before each appointment.

<sup>3</sup> In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment 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.

## CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental dentist near you.

## HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.<sup>4</sup> If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.



**Plan Benefit Highlights for:** County of San Diego

**Group No:** 17214

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children age 26			
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D&P)?	Yes			
<b>Maximums</b>	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Delta Dental Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleaning, sealants and x-rays	100 %	100 %	80 %
<b>Basic Services</b> Fillings and simple tooth extraction	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70 %	70 %	60 %
<b>Prosthodontics</b> Bridges and dentures	70 %	70 %	60 %
<b>Orthodontic Benefits</b> Adults and dependent children to age 19	<u>Must use DeltaCare USA Orthodontic Network</u> Patient pays \$1,695 plus all charges incurred before banding begins and after banding removal		
<b>Orthodontic Co-payments</b>	<ul style="list-style-type: none"> <li>• Records Fee* \$265</li> <li>• Consultation N/C</li> <li>• 24 Months Active Treatment \$1,695</li> <li>• One Year Retention \$240</li> </ul> <p><i>*Records include all diagnostic procedures, including, but not limited to: Cephalometric, Full Mouth X-rays, Models and Treatment Plan.</i></p>		

\* 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.

<b>Delta Dental of California</b> 100 First St. San Francisco, CA 94105	<b>Customer Service</b> 877-688-3503	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**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.