



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

## GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO<sup>1</sup> dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.<sup>2</sup> Find a dentist at [deltadentalins.com](http://deltadentalins.com).<sup>3</sup>

## 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 PPO dentist near you.

## SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA  
DENTAL DENTISTS

## 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.

## 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.

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

<sup>2</sup> Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

<sup>3</sup> Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

<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.



WE KEEP YOU SMILING<sup>®</sup>

**Plan Benefit Highlights for:** Cabrillo Unified School District

**Group No:** 15997 – 00202 & 00206

In this incentive plan, Delta Dental pays 52.5% of the Non-PPO contract allowance for covered diagnostic, preventive and basic services and 52.5% of the Non-PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 7.5% each year (to a maximum of 75%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 52.5%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26		
<b>Maximums</b>	Delta Dental PPO dentists: \$1,275 per person each calendar year Non-Delta Dental PPO dentists: \$1,175 per person each calendar year		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, three cleanings and x-rays	75 %	52.5 -75 %
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	75 %	52.5 -75 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	75 %	52.5 -75 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	75 %	52.5 -75 %
<b>Oral Surgery</b> Covered Under Basic Services	75 %	52.5 -75 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	75 %	52.5 -75 %
<b>Prosthodontics</b> Bridges and dentures	37.50 %	37.50 %
<b>Dental Accident Benefits</b>	100 % (separate \$1,000 maximum per person each calendar year)	100 % (separate \$1,000 maximum per person each 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 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 program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 100 First St. San Francisco, CA 94105	<b>Customer Service</b> 866-499-3001	<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.