# DELTA DENTAL PPO℠: YOUR SMILE IS COVERED

### GO PPO
Visit a PPO[1] dentist 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**.[4]

### ACCESS ONLINE SERVICES
Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. This free service lets you check benefits and eligibility information, find a network dentist and more.

### CHECK IN WITH EASE
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 will need your name, birth date and enrollee or social security number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button. If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### UNDERSTAND TRANSITION OF CARE
Did you start on a dental treatment plan before your PPO coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.[5] You can find this date by logging in to Online Services.

**NEWLY COVERED?** Visit **deltadentalins.com/welcome**.

## SAVE WITH A PPO DENTIST

PPO

NON-PPO

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html

[1] In Texas, Delta Dental Insurance Company offers 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 plan maximums and charges for non-covered services.

[4] Verify that your dentist is a PPO dentist before each appointment.

[5] Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier are 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.

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HL_PPO_2col #92056R (rev. 10/15)

DELTA DENTAL®

deltadentalins.com/enrollees

WE KEEP YOU SMILING®

**Plan Benefit Highlights for:** County of San Luis Obispo

**Group No:** 02999 **Effective:** 1/1/2017

DELTA DENTAL PPO℠

BENEFIT HIGHLIGHTS

| Eligibility | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26 | | | |
|---|---|---|---|---|
| **Deductibles** | PPO dentists: None<br>Non-PPO dentist: $25 per person each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | PPO dentists: Not applicable<br>Non-PPO dentists: Yes | | | |
| **Maximums** | PPO dentists: $1,500 per person each calendar year<br>Non-PPO dentists: $1,000 per person each calendar year | | | |
| **Waiting Period(s)** | Basic Benefits<br>None | Major Benefits<br>None | Prosthodontics<br>None | Orthodontics<br>None |

| Benefits and Covered Services* | Delta Dental PPO dentists**<br>In-PPO Network | Non-PPO dentists**<br>Out-of-PPO Network |
|---|---|---|
| **Diagnostic & Preventive Services (D & P)**<br>Exams, cleanings and x-rays | 100 % | 100 % |
| **Basic Services**<br>Fillings, simple tooth extractions and sealants | 90 % | 80 % |
| **Endodontics** (root canals) | 90 % | 80 % |
| **Periodontics** (gum treatment) | 90 % | 80 % |
| **Oral Surgery** | 90 % | 80 % |
| **Major Services**<br>Crowns, inlays, onlays and cast restorations | 50 % | 50 % |
| **Prosthodontics**<br>Bridges, dentures and implants | 50 % | 50 % |
| **Orthodontic Benefits**<br>Adults and dependent children | 50 % | 50 % |
| **Orthodontic Maximums** | $1,500 Lifetime | $1,500 Lifetime |

* 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
100 First St.
San Francisco, CA 94105

**Customer Service**
800-765-6003

**Claims Address**
P.O. Box 997330
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.