



# 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>

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HL\_PPO\_2.col.#78011 (rev. 6/14)

**Plan Benefit Highlights for** Elk Grove Unified School District  
(Standard Plan)  
**Group No:** 02433 - 00061 & 01061

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) 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 70%.

<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>	<b>In-PPO Network:</b> \$2,700 per person each calendar year <b>Out-of-PPO Network:</b> \$2,500 per person each calendar year			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>In-PPO Network** PPO Dentists</b>	<b>Out-of-PPO Network** Premier and Non-Delta Dentists</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	70 - 100 %	70 - 100 %
<b>Basic Services</b> Fillings, posterior composite restorations and sealants	70 - 100 %	70 - 100 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Oral Surgery</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %
<b>Orthodontics Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontics Maximums</b>	\$ 2,500 Lifetime maximum per person	\$ 2,500 Lifetime maximum per person
<b>Dental Accident Benefits</b>	100 % (Separate \$1,000 maximum per person per 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.

Delta Dental of California 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.