



ABOUT DELTA DENTAL PPO INCENTIVE PLAN

The Delta Dental PPO Incentive plan allows you to:

- ◆ Save on out-of-pocket expense when you visit a 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 Incentive 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 PPO dental locations throughout California.

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

IN-NETWORK	OUT-OF-NETWORK	
PPO DENTISTS	PREMIER INCENTIVE DELTA DENTISTS	NON-DELTA DENTISTS
Your out-of-pocket expense will probably be less because PPO dentists have agreed to charge PPO patients reduced fees.	You will be charged no more than the fees allowed 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 an additional \$200 toward the calendar year maximum 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 Incentive 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/Premier dentist for an appointment, please confirm that the dentist participates in the Delta PPO or Premier network.

For a list of Delta PPO or Premier 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 Delta PPO or Premier 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 to speak with a team specialist especially trained to serve school district employees: (866) 499-3001.

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 we determine 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*

Under this plan, Delta Dental pays 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

WHEN TREATMENT IS PROVIDED BY...	A PPO IN-NETWORK DENTIST**	A NON-NETWORK PREMIER 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
BENEFITS MAXIMUM	The maximum benefit paid per calendar year is \$1,200 per person.	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	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
BASIC BENEFITS* oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
CROWNS, JACKETS AND OTHER CAST RESTORATIONS*	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
PROSTHODONTIC BENEFITS bridges, partial dentures, full dentures, implants	50% of PPO dentist's allowed fee	50% of Delta dentist's allowed fee
DENTAL ACCIDENT BENEFITS	100% of PPO dentist's allowed fee separate (\$1,000 maximum per person per calendar year)	100% of Delta dentist's allowed fee separate \$1,000 maximum per person per calendar year)

*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. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist. **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 us 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)
- ◆ Orthodontic treatment

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 and eligibility/benefits information:
(866) 499-3001

For online or faxed eligibility/benefits information:
www.deltadentalins.com or
(800) 765-6003

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