

# Dental Plans

## (Brief Overview)

**Delta Premier-AKA Incentive:** Pays a yearly in-network maximum of \$1700 per family member per calendar year. If you go out of network they will pay \$1500 per calendar year. Benefits start paying at 70% and increase yearly by 10% as long as you see a dentist each year. If you change your plan at any time and return to this plan, you automatically start back at 70%. This plan does not have any Orthodontic benefits.

**DPO-Aka PPO:** Pays 100% as long as you see an in-network dentist. They will pay 50% if you go outside of the network. The maximum yearly amount paid per person is \$2000. This plan includes a \$3000 lifetime Orthodontic benefit for adults and children.

**PMI-Aka Delta Care USA:** This plan does not have a yearly maximum, and it does have a small Orthodontic benefit. There are a limited network of dentists who accept this plan. You must chose an in-network (PMI) dentist, or PMI will assign you a dentist. You must be seen by the dentist you are assigned or PMI will not pay. This is a very basic dental plan.

**Please note:** Always check with your dentist prior to your appointment for any co-pays, etc. Remember, even if your dentist accepts Delta Dental, it does not mean that you will not have a balance after your benefits pay.

For additional information regarding Delta Dental, please visit their website at [www.deltadentalins.com](http://www.deltadentalins.com)

# INCENTIVE/PREMIER DENTAL

<b>Plan Benefit Highlights for:</b>	<b>PPO Incentive (\$1,700/\$1,500) no Orthodontic</b>
<b>Group No:</b>	<b>Active, Retirees, and Cobra</b>
<b>Network:</b>	<b>PPO/Premier</b> *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount. (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and 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 age 26	
<b>Deductibles</b>	N/A	
Deductibles waived for D & P?	N/A	
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$1,700*</b> per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is <b>\$1,500</b> per person out-of-network	
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100%
<b>Endodontics (root canals)</b> Covered Under Basic Services	70-100 %	70-100%
<b>Periodontics (gum treatment) Covered Under Basic Services</b>	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, dentures, implants	50 %	50%
<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 out-of-network dentists.

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
866-499-3001

**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.

# DPO/PPO DENTAL

<b>Plan Benefit Highlights for:</b>	<b>PPO \$2,000 with Orthodontic</b>
<b>Group No:</b>	<b>Active and Cobra, (Retirees - exclude Orthodontic)</b>

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
<b>Deductibles</b>	In-Network: <b>N/A</b> Out-of-Network: <b>\$25</b> per person, <b>\$75</b> per family, per plan year		
Deductibles waived for D & P?	In-Network: <b>N/A</b> Out-of-Network: <b>No</b>		
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$2,000</b> per person in-network The maximum benefit paid per calendar year is <b>\$1,000</b> per person out-of-network		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>In-PPO Network**</b>	<b>Out-of-PPO Network**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, 2 cleanings, x-rays	100 %	50 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	100 %	50 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	100 %	50 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	100 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	50 %
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	<b>100%</b>	100%
<b>Orthodontic Maximums</b>	Separate <b>\$3,000</b> Lifetime maximum per person	
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	50%

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# DeltaCare® USA

## Advantages

DeltaCare USA is our prepaid plan that features set copayments, no annual deductibles and no maximums for covered benefits. In most states, enrollees must select a primary care dentist in the DeltaCare USA network from whom they receive treatment as in a traditional dental HMO.<sup>1</sup>

Our DeltaCare USA plans promote great dental health for your employees and their families with quality dental benefits at an affordable cost. By covering many diagnostic and preventive services at no cost or with very low copayments, we encourage regular preventive dental visits. Enrollees select a DeltaCare USA dentist to provide most covered services<sup>1</sup>. All of our network dentists' offices are independently-owned, and must adhere to Delta Dental's standards of care, quality and service.

## Benefits

- Extensive benefits
- No deductible or annual dollar maximums
- No copayments or low copayments for most diagnostic and preventive services
- Coverage for more than 250 procedures, including additional cleanings, bleaching, and tooth whitening
- No exclusions for pre-existing conditions or missing teeth
- Clearly defined out-of-pocket costs
- Low turnover of network dentists; enrollees can establish a long-term relationship with their dentists
- Ability to change selected or assigned network dentists via telephone or Internet
- Easy referrals to a large specialty care network
- No claim forms to complete
- Expanded business hours for toll-free customer service
- Outstanding quality assurance program that includes credentialing, a quality management program and regular office visits.
- <sup>1</sup>In Alaska, Connecticut, Louisiana, Maine, Mississippi, Montana, New Hampshire, Oklahoma, South Dakota and Vermont, DeltaCare USA is offered as an open access plan where enrollees can obtain treatment from any licensed dentist; however, deductibles and maximums may be applied to out-of-network treatment.