

# Keep Smiling

## Delta Dental PPO<sup>SM</sup>



### Save with PPO

Visit a dentist in the PPO network to maximize your savings.<sup>1</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>2</sup> Find a PPO dentist at [deltadentalins.com/uc](http://deltadentalins.com/uc).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com/uc](http://deltadentalins.com/uc). This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Explore costs to save

Want to see how much you'd save with a PPO dentist? Try the Cost Explorer. This new feature of Online Services gives you a personalized estimate of how much you'd pay for your next dental visit. Whether you're getting braces or need a cavity filled, your cost estimate is calculated from actual claims Delta Dental has processed, updated daily.

### Coordinate dual coverage

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.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID. If your family members are covered under your plan, they will need your information. Want a card anyway? Pull up an electronic ID on your smartphone. Just log in to Online Services and click on My ID Card.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>3</sup> You can find this date by logging in to Online Services.

## Save with a PPO dentist



PPO



NON-PPO

<sup>1</sup> 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.

<sup>2</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<sup>3</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 is 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.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html).

**Plan Benefit Highlights for:** University of California

**Group No:** 18066, 18067

**Effective Date:** 1/1/2017

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P) and Sealants?	\$50 per person each calendar year Yes			
<b>Maximums<sup>1</sup></b> D & P counts toward maximum?	PPO-Dentists: \$1,700 per person each calendar year Non-PPO-Dentists: \$1,500 per person each calendar year Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services<sup>2</sup></b>	<b>Delta Dental PPO dentists<sup>3</sup></b>	<b>Non-Delta Dental PPO dentists<sup>3</sup></b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams,† cleanings and x-rays	100 %	100 %
<b>Sealant Benefits</b> Covered Under Other Preventive Services	100 %	75 %
<b>Basic Services</b> Fillings and simple tooth extractions	80 %	75 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	75 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	75 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	75 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	Patients under age 26: \$ 1,500 Lifetime Patients age 26 and over: \$ 500 Lifetime	Patients under age 26: \$ 1,500 Lifetime Patients age 26 and over: \$ 500 Lifetime
<b>Temporomandibular Joint (TMJ) Benefits</b>	50 %	50 %
<b>TMJ Maximums</b>	\$ 500 Lifetime	\$ 500 Lifetime

<sup>1</sup> Maximums cross accumulate among in-network and out-of-network services. Members do not receive two separate maximums by PPO and Non-Delta PPO Network.

<sup>2</sup> Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

<sup>3</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists

<sup>4</sup> One additional routine oral exam per calendar year for high risk patients (as defined by claims administrator). See website for details.

<b>Delta Dental of California</b> 100 First St. San Francisco, CA 94105	<b>Customer Service</b> 800-765-6003	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**deltadentalins.com/uc**

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.