

Keep Smiling

Delta Dental PPO™



Save with PPO

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

Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com/uc. This useful service, available once your coverage begins, 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 Estimator. This feature 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.

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 number. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic

ID card with you? Want a card anyway? Pull up an electronic ID on your smartphone. Just log in to your online account and click on MY ID Card.

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.

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.³ You can find this date by logging in to your online account.

Dental claims are automatically sent to Health Equity on behalf of UC Health Savings Plan members.

Save with a
PPO dentist



Newly covered?

Visit deltadentalins.com/welcome

¹ 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.

² You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

³ 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. If you are currently undergoing active orthodontic treatment, you 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.

Benefit Highlights

Delta Dental PPO™

For: **University of California**

Group No: **18066 & 18067**

Effective Date: **1/1/2021 - 12/31/2023**

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|--|--|-------------------------------|-------------------------------|-----------------------------|
| Eligibility | Primary enrollee, spouse (or domestic partner) and eligible dependent children to the end of the month that dependent turns age 26 | | | |
| Deductibles | \$50 per person each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes | | | |
| Maximum*** | Delta Dental PPO Dentists: \$1,700 per person each calendar year Non-Delta Dental PPO Dentists: \$1,500 per person each calendar year | | | |
| D & P counts toward maximum? | Yes | | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Non-Delta Dental PPO dentists** |
|--|--|--|
| Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays, and fluoride (adult and children) | 100% | 100% |
| Sealant Benefits**** | 100% | 75 % |
| Basic Services Fillings and posterior composites | 80% | 75 % |
| Endodontics (root canals) Covered under Basic Services | 80% | 75 % |
| Periodontics (gum treatment) Covered under Basic Services | 80% | 75 % |
| Oral Surgery Covered under Basic Services | 80% | 75 % |
| Major Services Crowns, inlays, onlays cast restorations | 50% | 50% |
| Prosthodontics Bridges, dentures and implants | 50% | 50% |
| Orthodontic Benefits Adults and dependent children | 50% | 50% |
| Orthodontic Maximums | \$1,500 Lifetime (Patients under age 26) | |
| | \$500 Lifetime (Patients age 26 and over) | |
| Temporomandibular Joint (TMJ) Benefits | 50% | 50% |
| Temporomandibular Joint (TMJ) Maximums | \$500 Lifetime | \$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 contract allowances and not necessarily each dentist's actual fees.

** Reimbursements based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

***Maximums cross-accumulate among in-network and out-of-network services. You do not receive two separate maximums for PPO and non-PPO dentists.

****Sealants are only to permanent first molars through age 9, and second molars through age 15.

Delta Dental of California
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Customer Service
800-777-5854

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

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.