

# Delta Dental PPO plus Premier, Choice 2000

Preferred Provider Program

## Calendar Year Deductible \$50.00

No deductible if services were provided by Delta Dental PPO Dentist.  
If services are provided by other dentists, a calendar year deductible of \$50.00 applies to non Preventive and Diagnostic benefits.

	PPO Network Dentist	Out of Network
<b>Preventive and Diagnostic Services</b> (frequencies shown below)	<b>100%</b>	<b>100%</b>
Emergency treatment for relief of pain		
Routine Exams, Cleaning		
Bitewing X-rays, Full Mouth X-rays		
Fluoride Treatment		
Space Maintainers		
<b>Basic Dental Services</b>	<b>80%</b>	<b>80%</b>
Restorative – Amalgam or Synthetic Fillings		
Sealants (frequencies shown below)		
<b>Oral Surgery</b>		
Extractions, Impacted Teeth, Cysts and Neoplasms		
Alveolar/Gingival Reconstructions		
<b>Periodontics</b>		
Includes treatment for diseases of the gums		
<b>Endodontics</b>		
Root Canals and Pulpal Therapy		
<b>Major Dental Services</b> (subject to a 12-month waiting period)	<b>50%</b>	<b>50%</b>
Restorative – In-lays, Crowns and Implants		
Prosthodontics – Dentures and Partial		
<b>Calendar Year Maximum Benefit per individual</b>	<b>\$2000/\$1500</b>	
When visiting a PPO dentist you will receive an additional \$500 toward your calendar year maximum.		

<b>Frequencies</b>	
Examinations	2 in a calendar year
Bitewing X-rays	2 in a calendar year (for children to age 18) 1 in a calendar year (for adults)
Full Mouth X-rays	1 in 5 years
Cleanings	2 in a calendar year (includes perio cleaning)
Sealants	On permanent 1 <sup>st</sup> molars through age 8 On permanent 2 <sup>nd</sup> molars through age 15 Repair or replacement of sealant within 2 years is included in the fee for the sealant.

A more comprehensive description of the benefits and limitations referred to on this page will be found in the Certificate of Insurance which will be issued to the insured employee. This document is not a guarantee of covered benefits, services or payments.

### **About the Delta Dental Preferred Provider Program**

Under the PPO plan, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the plan when you choose one of the 11,300 in-network dental offices throughout California. 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 specialists.

If you choose an out-of-network dentist, you will benefit by selecting a Delta dentist. More than 92% of dentists in California are Delta dentists, including PPO dentists. Delta dentists agree to abide by Delta's fee and quality guidelines.

To use the PPO program, just call the dental office of your choice and make an appointment. When you call a PPO dentist for an appointment, please confirm that the dentist participates in the Delta PPO network. During your first appointment, give your dentist the primary enrollee's social security number and the group number shown on your wallet card. If you wish to obtain a list of Delta Preferred dentists in your area, please search on the web site at [www.deltadentalins.com](http://www.deltadentalins.com) or call 800-427-3237.

**Claims Administration** by Delta Dental Plan of California, group number 4019, 0521 & 0188.

Web Site: [www.deltadentalins.com](http://www.deltadentalins.com)

PO Box 997330 Sacramento CA 95899 Toll free Phone number: 800-765-6003

**Premium Administration** by: Wolfpack Insurance Services, Inc. License # 0814789

Web Site: [www.DVINS.com](http://www.DVINS.com)

P.O. Box 156, Belmont CA 94002 Toll Free Phone number: (800) 296-0192 Local Phone: (650) 631-2460

FAX:(650) 591-4022

### Services that are not covered

Although your program 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 program, check with Delta Dental before proceeding.

The following are not covered by the program:

- Services for injuries or conditions 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)