

## Delta Dental PPO Option 3, With Orthodontia

Preferred Provider Program

<b>Calendar Year Deductible</b> (No deductible for items covered at 100%)	<b>\$50.00</b>			
		<table border="0"> <tr> <td style="text-align: center;">PPO Network Dentist</td> <td style="text-align: center;">Out of Network</td> </tr> </table>	PPO Network Dentist	Out of Network
PPO Network Dentist	Out of Network			
<b>Preventive and Diagnostic Services</b> (frequencies shown below)	<b>80%</b>	<b>50%</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>50%</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>Orthodontic Benefit</b> (subject to a 12-month waiting period)	<b>50%</b>	<b>50%</b>		
Utilize any orthodontist. Maximum lifetime benefit of \$1500.				
<b>Calendar Year Maximum Benefit per individual</b>	<b>\$1000</b>			
<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.deltadentalca.org](http://www.deltadentalca.org) or call 800-427-3237.

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

Web Site: [www.deltadentalca.org](http://www.deltadentalca.org)

PO Box 997330 Sacramento CA 95899 Toll free Phone number: 888-335-8227

**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)

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 program. This document is not a guarantee of covered benefits, services or payments.