



Delta Dental PPO Option I, With Orthodontia

Preferred Provider Program

Calendar Year Deductible (No deductible for items covered at 100%)

\$50.00

PPO Network Dentist Out of Network

Preventive and Diagnostic Services (frequencies shown below)

100%

80%

- Emergency treatment for relief of pain
- Routine Exams, Cleaning
- Bitewing X-rays, Full Mouth X-rays
- Fluoride Treatment
- Space Maintainers

Basic Dental Services

80%

50%

- Restorative – Amalgam or Synthetic Fillings
- Sealants (frequencies shown below)

Oral Surgery

- Extractions, Impacted Teeth, Cysts and Neoplasms
- Alveolar/Gingival Reconstructions

Periodontics

- Includes treatment for diseases of the gums

Endodontics

- Root Canals and Pulpal Therapy

Major Dental Services (subject to a 12-month waiting period)

50%

50%

- Restorative – In-lays, Crowns and Implants
- Prosthodontics – Dentures and Partial

Orthodontic Benefit (subject to a 12-month waiting period)

50%

50%

Utilize any orthodontist. Maximum lifetime benefit of \$1500.

Calendar Year Maximum Benefit per individual

\$1500

Frequencies

- | | |
|-------------------|--|
| 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 st molars through age 8
On permanent 2 nd 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 or call 800-427-3237.

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

Web Site: 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

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.