

DELTA DENTAL OF CALIFORNIA

Client Name: PACIFIC GAS & ELECTRIC - IBEW & SEIU REPRESENTED

Group No.: 1515

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here’s what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won’t balance bill over Delta Dental’s approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier[®] indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

| IN-PPO NETWORK | OUT-OF-PPO NETWORK |
|--|--|
| DELTA DENTAL PPO DENTISTS | DELTA DENTAL PREMIER[®] DENTISTS & NON-DELTA DENTAL DENTISTS |
| You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients. | You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists’ charges. |
| You are charged only the patient’s share* at the time of treatment. Delta Dental pays its portion directly to the dentist. | Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient’s share* at the time of treatment. |
| PPO dentists will complete claim forms and submit them for you at no charge. | You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.** Premier dentists will complete claim forms and submit them for you at no charge. |

SAMPLE CLAIM SAVINGS

| | IN-PPO NETWORK | OUT-OF-PPO NETWORK | |
|----------------------------------|---------------------------|-------------------------------|------------------------------------|
| | DELTA DENTAL PPO DENTISTS | DELTA DENTAL PREMIER DENTISTS | NON-DELTA DENTAL DENTISTS |
| Dentist bills (submitted charge) | \$180.00 | \$180.00 | \$180.00 |
| Delta Dental’s agreed upon fee | \$90.00 | \$130.00 | No fee agreement with Delta Dental |
| Delta Dental’s payment 50% | \$45.00 | \$65.00 | \$55.00 |
| Patient share* | \$45.00 | \$65.00 | \$125.00 |
| Patient savings | \$80.00 | \$60.00 | N/A |

* Patient’s share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist’s total fee, which may include amounts in excess of your share of your plan’s contract allowance.

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

| | | | | |
|---|---|------------------------|------------------------|----------------------|
| WHO'S ELIGIBLE | Primary enrollee, spouse and eligible dependent children to age 24 (includes domestic partner) | | | |
| DEDUCTIBLES | In-network: \$25 per person, \$75 per family, per calendar year Out-of-network: \$50 per person, \$150 per family, per calendar year | | | |
| DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE? | Yes | | | |
| ANNUAL MAXIMUM | The maximum benefit paid per calendar year is \$2000 per person | | | |
| WAITING PERIOD(S) | Basic Benefits None | Crowns & Casts None | Prosthodontics None | Orthodontics None |

| BENEFITS AND COVERED SERVICES* | In-PPO Network** | Out-Of-PPO Network** |
|---|------------------|----------------------|
| DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations | 85 % | 85 % |
| BASIC BENEFITS -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), oral surgery (extractions), sealants | 85 % | 85 % |
| CROWNS, OTHER CAST RESTORATIONS -- Crowns, inlays, onlays and cast restorations | 85 % | 85 % |
| PROSTHODONTICS -- Bridges, partial dentures, full dentures | 85 % | 85 % |
| ORTHODONTIC BENEFITS adults and dependent children | 50 % | 50 % |
| ORTHODONTIC MAXIMUMS | \$1500 Lifetime | \$1500 Lifetime |

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on PPO fees for in-network dentists and the maximum plan allowance (MPA) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



Delta Dental of California
100 First Street
San Francisco, CA 94105

Customer Service
800-765-6003

Online Services
www.WeKeepYouSmiling.org/pg&e

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

Cs.2.14.08