

California Institute of Technology Jet Propulsion Laboratory Delta Dental PPO 2009

WHEN TREATMENT IS PROVIDED BY...	A DELTA DENTAL PPO IN-NETWORK DENTIST	AN OUT-OF-NETWORK DENTIST (Premier or non-Delta Dentist)
WHO'S COVERED	Primary enrollee, spouse, and dependent children to age 19 ; full-time students to age 25	Primary enrollee, spouse, and dependent children to age 19 ; full-time students to age 25
DEDUCTIBLE	\$50 per person , per calendar year	\$50 per person , per calendar year
BENEFITS MAXIMUM	\$1750 per person , per calendar year * <i>Maximum waived for Diagnostic & Preventive Benefits</i>	\$1500 per person , per calendar year * <i>Maximum waived for Diagnostic & Preventive Benefits</i>
DIAGNOSTIC AND PREVENTIVE BENEFITS oral examinations cleanings (prophylaxis) x-rays examinations of tissue biopsy fluoride treatment space maintainers specialist consultation	100% of PPO dentist's allowed fee (no deductible applies for these services)	100% of Delta's plan allowance (no deductible applies for these services)
BASIC BENEFITS oral surgery (extractions) fillings root canals periodontic (gum) treatment sealant tissue removal (biopsy)	80% of PPO dentist's allowed fee	80% of Delta's plan allowance
CROWNS, JACKETS AND OTHER CAST RESTORATIONS crowns inlays onlays	50% of PPO dentist's allowed fee	50% of Delta's plan allowance
PROSTHODONTIC BENEFITS** bridges partial dentures full dentures implants	50% of PPO dentist's allowed fee	50% of Delta's plan allowance
ORTHODONTIC BENEFITS dependent children only	50% of PPO dentist's allowed fee \$1,000 lifetime maximum per person	50% of Delta's plan allowance \$1,000 lifetime maximum per person

*When visiting both network and non-network dentists, your total annual maximum benefit will never be more than the in-network maximum.

**You must be enrolled in this dental plan for 6 continuous months to receive these benefits.

Note: This is a brief summary of benefits. Please refer to your evidence of coverage or summary plan description for the limitations and exclusions on these benefits.



Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330

Customer Service
800-765-6003

Online Services
www.deltadentalins.com/caltech