

## HOW DO I FIND A DELTA DENTAL PPO DENTIST?

- ◆ Call 1-800-427-3237
- ◆ Use Delta's Web site: [www.deltadentalca.org/sagph](http://www.deltadentalca.org/sagph)
- ◆ You can also call your dentist and ask if he or she is a Delta Dental PPO or DeltaPremier dentist

## USING A NON-NETWORK DENTIST

When you use a dentist outside of the available networks, or you reside outside the United States, payment is based on the Plan's allowance or the fee the dentist actually charges, if less.

If your dentist's fees exceed the Plan's allowance, you will be responsible for the difference between the Plan's payment and the dentist's actual charges. In addition, you will be responsible for your regular co-payment and any deductible that may apply.

## HOW TO SUBMIT A CLAIM FORM

If you do not use a network dentist you need to file a claim form. You may obtain a claim form from the Plan Office or from the Delta Web site or from the Plan's Web site. All claim forms are processed by Delta Dental Plan of California. You should submit claim forms to:

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

Customer Service: (800) 846-7418  
Participants outside of the USA call (415) 972-8300

## Screen Actors Guild - Producers Health Plan

### Mailing Address:

**P.O. Box 7830  
Burbank, CA 91510-7830**

### Street Address:

**3601 West Olive Avenue  
Burbank, CA 91505**

**(818) 954-9400 or  
(800) 777-4013**

**(outside the Los Angeles area)**

**Web site: [www.sagph.org](http://www.sagph.org)**

**E-mail: [psd@sagph.org](mailto:psd@sagph.org)**

## DENTAL PROGRAM

### Screen Actors Guild - Producers Health Plan

### Delta Dental PPO



**January 1, 2008**

This brochure provides a brief description of the Screen Actors Guild – Producers Health Plan's dental benefits. Delta Dental PPO is a preferred provider organization program offered by Delta Dental, the nation's largest and most experienced dental benefits carrier. For a complete description of the Plan's Dental program refer to your Summary Plan Description (SPD).

There are two types of dentists in the Delta network:

- Delta Dental PPO dentists
- DeltaPremier dentists

When you use a Delta Dental PPO dentist you receive the highest level of benefits, and your diagnostic and preventive services are covered at 100% and are not subject to the deductible.

When you use a DeltaPremier dentist, payment is based on a pre-approved fee. These dentists will file claim forms for you but diagnostic and preventive services are subject to the deductible and are paid at less than 100%.

## ELIGIBILITY

### Plan I

Plan I Earned, Self-Pay and Senior Performer participants and their eligible dependents

### Plan II

Plan II Earned and Self-Pay participants who have a minimum of three years of Earned Health Plan Eligibility and their eligible dependents

Lower Cost Self-Pay participants are covered under the dental plan they were covered under when they had Earned Eligibility.

## DENTAL BENEFITS

### Calendar Year Deductible:

**Plan I** - \$75 per person/\$200 per family;

**Plan II** - \$100 per person/no family maximum

### Calendar Year Maximum:

**Plan I** - \$2,500 per person;

**Plan II** - \$1,000 per person

If your eligibility changes from Plan I to Plan II during a calendar year, any charges that were applied toward your Plan I deductible or annual maximum will apply toward the Plan II deductible and annual maximum. If your eligibility changes from Plan II to Plan I during a calendar year, the reverse is also true.

## PREVENTIVE SERVICES FOR PREGNANT WOMEN

To help avoid an increased risk of periodontal complications due to hormonal changes during pregnancy, covered services include an additional oral examination and teeth cleaning for women while they are pregnant.

Covered Services	Delta Dental PPO Network Dentists	DeltaPremier or Non-Network Dentists
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>Oral examination – once every six months</li> <li>Cleanings – two per calendar year*</li> <li>X-rays:                             <ul style="list-style-type: none"> <li>Bitewing – once every six months</li> <li>Full mouth – once every three years</li> </ul> </li> <li>Fluoride treatment – children under age 19, once per calendar year</li> <li>Sealants – children under age 14, once every three years</li> <li>Biopsy/tissue examination</li> <li>Emergency palliative treatment</li> <li>Consultation by a covered specialist</li> <li>Space maintainers</li> <li>Diagnostic casts</li> </ul>	<p><b>Plan I</b></p> <p>No deductible; 100% of dentist's fees</p> <p><b>Plan II</b></p> <p>No deductible; 100% of dentist's fees</p>	<p><b>Plan I</b></p> <p>75% of Plan's Allowance after deductible</p> <p><b>Plan II</b></p> <p>60% of Plan's Allowance after deductible</p>
<b>Basic Services</b> <ul style="list-style-type: none"> <li>Restorative – amalgam, silicate or composite fillings</li> <li>Oral surgery – extractions including surgical removal of teeth</li> <li>Endodontics – root canal therapy</li> <li>Periodontics – treatment of gums and bones supporting teeth</li> <li>General anesthetics for oral surgery only</li> <li>Injectable antibiotics</li> <li>Addition of teeth to existing denture</li> <li>Repair and rebasing of existing dentures</li> </ul>	<p><b>Plan I</b></p> <p>75% of dentist's fees after deductible</p> <p><b>Plan II</b></p> <p>60% of dentist's fees after deductible</p>	<p><b>Plan I</b></p> <p>75% of Plan's Allowance after deductible</p> <p><b>Plan II</b></p> <p>60% of Plan's Allowance after deductible</p>
<b>Major Services</b> <ul style="list-style-type: none"> <li>Restorative – gold fillings, inlays and crowns</li> <li>Crown replacement – if crown is over three years old</li> <li>Gold fillings, inlays, onlays and cast restorations - services on the same tooth limited to once every five years</li> <li>Fixed bridges/partial or full dentures/dental implants ** - if required to replace lost natural teeth or an existing prosthesis which is over five years old and cannot be made serviceable</li> </ul>	<p><b>Plan I</b></p> <p>50% of dentist's fees after deductible</p> <p><b>Plan II</b></p> <p>50% of dentist's fees after deductible</p>	<p><b>Plan I</b></p> <p>50% of Plan's Allowance after deductible</p> <p><b>Plan II</b></p> <p>50% of Plan's Allowance after deductible</p>

\* Individuals receiving post-periodontal surgery maintenance from a network dentist are eligible for cleanings and scalings up to four times per year.

\*\*Additional surgical procedures or special imaging in connection with implants are not covered under the dental or medical benefits.

## HOW DO I GET THE MOST FROM MY DELTA DENTAL PPO PROGRAM?

	PPO	Premier	Non-Network
Contracted Rates	Yes	Yes	No
Dentist files claim form	Yes	Yes	No
Dentist prohibited from balance billing	Yes	Yes	No
Dentist prohibited from asking for full payment in advance	Yes	Yes	No
Preventive at 100%	Yes	No	No

## PRE-TREATMENT ESTIMATES

A pre-treatment estimate allows you to determine how much the Plan will pay on extensive dental procedures before they are performed. If your estimated charges are \$300 or more, please use a claim form to obtain a pre-treatment estimate from Delta Dental.

The Plan strongly encourages you to obtain a pre-treatment estimate if you are considering dental implants or other major services.