

# STATE OF CALIFORNIA



## YOUR DELTA DENTAL PROGRAM IS EASY TO USE

Delta Dental Premier and Delta Dental PPO are fee-for-service programs that provide the freedom to choose any dentist. These programs pay a percentage for covered services. You may be charged only what we determine is the "patient share."<sup>†</sup> PPO is also a preferred provider program. This means that you receive your maximum benefits when you visit a PPO dentist (PPO dentists are Delta dentists who have agreed to charge PPO patients reduced fees). However, not all Delta dentists are PPO dentists. You receive in-network benefits when visiting a PPO network dental office.

To use the program, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist your group number (9949 for Premier or 9946 for PPO) and the primary subscriber's social security number.

To obtain a list of Premier or PPO dentists in your area, search our online directory via our web site at [www.deltadentalca.org/state/home.html](http://www.deltadentalca.org/state/home.html).

You can view your eligibility and benefits information on our web site, including remaining deductible and maximum amounts for you and your family.

Delta Dental of California offers you what no other dental plan can — the Delta Difference<sup>®</sup>. Here's what makes us unique:

- ▶ We determine dentists' fees. Delta dentists agree to charge you the lowest fees usually charged in their office.
- ▶ Copayments are guaranteed. Delta dentists charge you only what we determine to be your share of the treatment cost. If your share is 20 percent, you pay 20 percent of the Delta-allowed fee — and no more.
- ▶ We require professional treatment standards. Delta dentists must meet professional standards for hygiene, radiation safety and other areas related to quality care.

These are just a few of the reasons that Delta Dental Plans cover 46 million enrollees nationwide.

<sup>†</sup>"Patient share" is the copayment, applicable deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Combined Evidence of Coverage/Disclosure Form. Some examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.

## WHAT ARE THE ADVANTAGES OF THE DELTA DENTAL PPO PROGRAM?

1. You save on out-of-pocket costs under PPO.
  - ▶ Your payroll deductions will be lower (see reverse).
  - ▶ For some services your benefits will be increased, so your share of the bill will be less.
  - ▶ PPO dentists charge lower fees.
2. Your benefits may be increased under PPO, such as:
  - ▶ A \$1,500 orthodontic maximum for dependent children (compared to \$1,000 under Premier)
  - ▶ A third cleaning for high-risk patients
  - ▶ Implant benefits
  - ▶ Prosthodontic procedures (bridges/dentures) are covered at 60% instead of 50%
3. If you are retiring and are currently under Premier's Enhanced plan, your dependents will maintain higher benefits if you move to the PPO program.

## COMPARE DELTA DENTAL PREMIER AND DELTA DENTAL PPO\*

	Delta Dental Premier		Delta Dental PPO	
	Delta dentist fee	Under Premier you pay	Under PPO you pay**	YOU SAVE UNDER PPO
Silver filling	\$105	\$11	\$6	\$5
Tooth-colored filling	\$120	\$12	\$7	\$5
Periodontal treatment	\$300	\$30	\$16	\$14
Root canal and metal crown	\$1,250	\$190	\$148	\$42
Porcelain and metal bridge	\$1,945	\$973	\$781	\$192
Orthodontic treatment, child	\$3,900	\$2,900	\$2,000	\$900

\*Dentist charges and your costs may vary.

\*\*When using a PPO provider.

The Delta Dental Premier and Delta Dental PPO programs are administered by Delta Dental of California. Please send all claims to the U.S. mail address listed below. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Combined Evidence of Coverage/Disclosure Form or contact Delta's Customer Service department.

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

For a list of Premier or PPO dentists:  
[www.deltadentalca.org/state/home.html](http://www.deltadentalca.org/state/home.html)

For customer service, claim inquiries, eligibility and benefit information:  
(800) 225-3368

For online eligibility and benefit information:  
[www.deltadentalca.org/state/home.html](http://www.deltadentalca.org/state/home.html)

**PRINCIPAL BENEFITS AND COVERED SERVICES<sup>1</sup>**

WHO IS COVERED (Primary enrollee, spouse and eligible dependent children)	DELTA DENTAL PREMIER (Managed fee-for-service program) Group No. 9949		DELTA DENTAL PPO (Preferred provider organization program) Group No. 9946		
	Basic Program		Enhanced Program		
	Represented employees and retirees		Excluded employees <sup>2</sup>		
	Employees	Dependents	Employees and Dependents	In-Network (PPO dentists) <sup>3</sup>	Out-of-Network (non-PPO dentists)
<b>Deductible</b> per person annually	\$50	\$50	\$25	\$25	\$75
<b>Family Deductible</b> (annually)	\$150	\$150	\$100	\$100	\$200
<b>Maximum</b> (per person, annually)	\$2,000	\$1,000	\$2,000	\$2,000	\$1,000
<b>Diagnostic and Preventive</b> (no deductible)	100% of Delta dentist's fee	100% of Delta dentist's fee	100% of Delta dentist's fee	100% of PPO allowed fee	80% of Delta allowed fee <sup>4</sup>
<b>Basic</b> (extractions, root canals, periodontic treatment, sealants)	90% of Delta dentist's fee	80% of Delta dentist's fee	90% of Delta dentist's fee	90% of PPO allowed fee	80% of Delta allowed fee
<b>Crowns and Cast Restorations</b>	80% of Delta dentist's fee	50% of Delta dentist's fee	80% of Delta dentist's fee	80% of PPO allowed fee	50% of Delta allowed fee
<b>Prosthetic</b> bridges, dentures	50% of Delta dentist's fee	50% of Delta dentist's fee	50% of Delta dentist's fee	60% of PPO allowed fee	50% of Delta allowed fee
<b>Orthodontic</b>	50% of Delta dentist's fee	50% of Delta dentist's fee	50% of Delta dentist's fee	50% of PPO allowed fee	50% of Delta allowed fee
<b>Orthodontic Maximum</b>	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum	\$1,000 lifetime maximum per adult \$1,500 for dependent children	\$1,000 lifetime maximum per adult \$1,000 lifetime maximum per child
<b>Implants</b>	Not covered	Not covered	Not covered	50% of PPO allowed fee \$2,500 lifetime maximum	50% of Delta allowed fee \$2,500 lifetime maximum
<b>Other Coverage</b>				Third cleaning <sup>6</sup> per year for high-risk patients	Third cleaning <sup>6</sup> per year for high-risk patients

**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 some of the services 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 malformations
- ▶ 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, implants, and implant removal
- ▶ Treatment related to the temporomandibular joint (TMJ)

**The preceding information is not designed to serve as a Combined Evidence of Coverage/Disclosure Form for the program.**

<sup>1</sup> Please refer to your Combined Evidence of Coverage/Disclosure Form for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year and time limitations on filling and crown replacements. Also, some services may not be covered such as cosmetic dentistry, experimental procedures and services to correct congenital malformations.

<sup>2</sup> Managerial, supervisory, confidential and all other employees excluded from collective bargaining.

<sup>3</sup> In California, Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you receive in-network benefits when visiting one of these specialists. You must visit a PPO prosthodontist or PPO orthodontist in order to receive the maximum in-network benefits under the program.

<sup>4</sup> When visiting a non-PPO dentist, you pay the difference between the dentist's fee and the Delta-allowed fee plus the copayment.

<sup>5</sup> For employees in Consolidated Benefits (CoBen), the monthly out-of-pocket premium may vary depending on their other CoBen elections.

<sup>6</sup> A third cleaning will be allowed for high-risk patients including pregnant women, cancer chemotherapy patients and patients with systemic diseases such as diabetes, AIDS, organ transplants and endocarditis.