

Plan Benefit Highlights for: Turlock Unified School District (Classified, Management & Certificated)

Group No: 06774 - 00511, 00512 & 00517

Effective Date: 1/1/2016

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
Deductibles Deductibles waived for Diagnostic and Preventive (D & P?)	Delta Dental PPO dentists: None			
	Non-Delta Dental PPO dentists: \$25 per person / \$75 per family each calendar year			
	Delta Dental PPO dentists: Not Applicable			
	Non-Delta Dental PPO dentists: Yes			
Maximums	Delta Dental PPO dentists: \$1,200 per person each calendar year			
	Non-Delta Dental PPO dentists: \$1,000 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings, x-rays	70-100 %	70-100 %
Basic Services Fillings, posterior composite restorations and sealants	70-100 %	70-100 %
Endodontics (root canals)	70-100 %	70-100 %
Periodontics (gum treatment)	70-100 %	70-100 %
Oral Surgery	70-100 %	70-100 %
Major Services Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %
Prosthodontics Bridges and dentures	50 %	50 %
Dental Accident Benefits	100 % (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
 ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

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deltadentalins.com

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