

# Keep Smiling

## Delta Dental PPO™



### Save with PPO

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at [deltadentalins.com](https://deltadentalins.com).

### Set up an online account

Get information about your plan anytime, anywhere by signing up for an online account at [deltadentalins.com](https://deltadentalins.com). This useful service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim, and we'll handle the rest.

### Understand transition of care

Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>4</sup> You can find this date by logging in to your online account.

### Newly covered?

Visit [deltadentalins.com/welcome](https://deltadentalins.com/welcome).

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**Plan Benefit Highlights for:** Eureka City Schools  
(Certificated & Classified)

**Group No:** 07092 – 00326 & 00327

**Effective Date:** 7/1/2020

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%.

|                              |                                                                                                         |                        |                        |                      |
|------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|------------------------|----------------------|
| <b>Eligibility</b>           | Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26 |                        |                        |                      |
| <b>Deductibles</b>           | None                                                                                                    |                        |                        |                      |
| <b>Maximums</b>              | \$2,000 per person each calendar year                                                                   |                        |                        |                      |
| D & P counts toward maximum? | Yes                                                                                                     |                        |                        |                      |
| <b>Waiting Period(s)</b>     | Basic Benefits<br>None                                                                                  | Major Benefits<br>None | Prosthodontics<br>None | Orthodontics<br>None |

| <b>Benefits and Covered Services*</b>                                                      | <b>Delta Dental PPO dentists**</b>                                | <b>Non-Delta Dental PPO dentists**</b> |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------|
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, (2) cleanings and x-rays | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Basic Services</b><br>Fillings, posterior composites and sealants                       | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Endodontics</b> (root canals)<br>Covered Under Basic Services                           | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Periodontics</b> (gum treatment)<br>Covered Under Basic Services                        | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Oral Surgery</b><br>Covered Under Basic Services                                        | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Major Services</b><br>Crowns, inlays, onlays and cast restorations                      | 70 - 100 %                                                        | 70 - 100 %                             |
| <b>Prosthodontics</b><br>Bridges, dentures and implants                                    | 50 %                                                              | 50 %                                   |
| <b>Orthodontic Benefits</b><br>Dependent children                                          | 50 %                                                              | 50 %                                   |
| <b>Orthodontic Maximums</b>                                                                | \$1,000 Lifetime                                                  | \$1,000 Lifetime                       |
| <b>Dental Accident Benefits</b>                                                            | 100 %<br>(Separate \$1,000 maximum per person each 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 the program allowance for non-Delta Dental dentists.

**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
866-499-3001

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

**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.

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**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**