



# DELTA DENTAL PPO<sup>SM</sup> : YOUR SMILE IS COVERED

## STAY IN NETWORK TO SAVE

Visit a PPO<sup>1</sup> dentist 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](http://deltadentalins.com).<sup>4</sup>

If you can't find a PPO dentist, Delta Dental Premier<sup>®</sup> dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

## CHECK IN WITH EASE

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 name, birth date and enrollee or social security number. 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.

## ACCESS ONLINE SERVICES

Get information about your plan anytime, anywhere by signing up for an Online Services account at [deltadentalins.com](http://deltadentalins.com). This free service lets you check benefits and eligibility information, find a network dentist and more.

## UNDERSTAND TRANSITION OF CARE

Did you start on a dental treatment plan before your PPO coverage kicked in? Multi-stage procedures like braces or crowns are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>5</sup> You can find this date by logging in to Online Services.

**NEWLY COVERED?** Visit [deltadentalins.com/welcome](http://deltadentalins.com/welcome).

## SAVE WITH A PPO DENTIST



LEGAL NOTICES: Access federal and state legal notices related to your plan at [deltadentalins.com/about/legal/index-enrollee.html](http://deltadentalins.com/about/legal/index-enrollee.html)

<sup>1</sup> In Texas, Delta Dental Insurance Company offers 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 subject to contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services. PPO dentists won't bill you for any amount over their PPO fees.

<sup>4</sup> Verify that your dentist is a PPO dentist before each appointment.

<sup>5</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. Active orthodontic treatment may be eligible for coverage. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**Plan Benefit Highlights for:** San Francisco Health Service System (Retirees)

**Group No:** 01673

**Effective Date:** 1/1/2018

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**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26		
<b>Deductibles</b>	Delta Dental PPO Dentists: None		
	Non-Delta Dental PPO Dentists: \$ 50 per person each calendar year \$150 per family each calendar year		
<b>Maximums</b>	Deductibles waived for Diagnostic & Preventive Services (D & P)		
	\$1,250 per person each calendar year		
<b>Waiting Period(s)</b>	Diagnostic & Preventive (D & P) Services do not count toward maximum		
	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Delta Dental Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays	100 %	80 %	80 %
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	80 %	80 %	80 %
<b>Periodontics</b> (gum treatment)	80 %	80 %	80 %
<b>Oral Surgery</b>	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Treatment of tooth pulp and periodontal cleanings	50 %	50 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	50 %	50 %	50 %
<b>Night Guards</b> Limited to one within a 3 year period	80 %	80 %	80 %

\* 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.

<b>Delta Dental of California</b> 100 First St. San Francisco, CA 94105	<b>Customer Service</b> 888-335-8227	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**[deltadentalins.com/ccsf](http://deltadentalins.com/ccsf)**

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.