



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

## GO PPO

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>

## 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.

## 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. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button. 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? Multi-stage procedures 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



PPO



NON-PPO

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 paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<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 are responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment 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.

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[deltadentalins.com/enrollees](http://deltadentalins.com/enrollees)



WE KEEP YOU SMILING<sup>®</sup>

# BENEFIT HIGHLIGHTS

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

**GROUP NAME:** Apple Valley Unified School District

**GROUP NUMBER:** 07059 - 01100, 01102, 01103, 01104, 01310, 01311, 01312 & 01313

**> ELIGIBILITY: WHO MAY RECEIVE BENEFITS?**

- **Primary enrollee and spouse**  
(includes domestic partner)

- **Eligible dependent children to:**  
end of month dependent turns age 26

**> DEDUCTIBLES** No deductible applies

**> MAXIMUMS** per person  
\$1,500 each cal. year

**> WAITING PERIODS**

Basic Services: none      Major Services: none  
Orthodontics: none

BENEFITS AND COVERED SERVICES	PPO dentists <sup>1, 2, 4</sup>	Non-PPO dentists <sup>1, 2, 3, 4</sup>
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, cleanings and x-rays	70-100%	70-100%
	No deductible applies	
	D&P counts towards maximum	
<b>Basic Services</b> Fillings, composites and sealants	70-100%	70-100%
<b>Endodontics</b> Root canals	70-100%	70-100%
<b>Periodontics</b> Gum treatment	70-100%	70-100%
<b>Oral Surgery</b>	70-100%	70-100%
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70-100%	70-100%
<b>Prosthodontics</b> Bridges, dentures and implants	70%	70%
<b>Orthodontics</b> For dependent children  Lifetime per person	80%  \$1,500	80%  \$1,500
<b>Dental Accident Benefits</b> Separate maximum per person each calendar year	100% \$1,000	100% \$1,000

<sup>1</sup> Delta Dental Premier® dentists are considered out-of-network dentists.

<sup>2</sup> 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.

<sup>3</sup> Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

<sup>4</sup> Coinsurance percentage will increase by 10% each year to a maximum of 100% if enrollee visits the dentist at least once during the benefit year.

**Delta Dental of California**

100 First Street  
San Francisco, CA 94105

**Customer Service**

(Toll-Free)  
866-499-3001

**Claims Address**

P.O. Box 997330  
Sacramento, CA 95899-7330

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

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deltadentalins.com



We keep you smiling®

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