

<b>Plan Benefit Highlights for:</b>	<b>PPO \$1,500 without Orthodontic</b>
<b>Group No:</b>	<b>Active, Retiree, and Cobra</b>

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age <b>26</b>		
<b>Deductibles</b>	In-Network: <b>N/A</b>		
	Out-of-Network: <b>\$25</b> per person, <b>\$75</b> per family, per plan year		
Deductibles waived for D & P?	In-Network: <b>N/A</b>		
	Out-of-Network: <b>No</b>		
<b>Maximums</b>	The maximum benefit paid per calendar year is <b>\$1,500</b> per person in-network The maximum benefit paid per calendar year is <b>\$1,000</b> per person out-of-network		
<b>Waiting Period(s)</b>	Basic Benefits	Major Benefits	Orthodontics
	None	None	None

<b>Benefits and Covered Services*</b>	<b>In-PPO Network**</b>	<b>Out-of-PPO Network**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, <b>3 cleanings</b> , x-rays	100 %	50 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	100 %	50 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	100 %	50 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	100 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	50 %
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50 %
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	50%

- \* 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.

Delta Dental of California 100 First St. San Francisco, CA 94105	<b>Customer Service</b> 866-499-3001	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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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.