# Plan Benefit Highlights for:

# Perris Union High School District (Classified, Management, Confidential, Certificated Management, Board Members, Certificated & COBRA) 07100 - 02701~02704, 02709 & 08202

## Group No:

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, there will be a 10% decrease from the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26			
Maximums	In-network: \$2,200 per person each calendar year			
	Out-of-network: \$	2,000 per person eacl	calendar year	
Waiting Period(s)	Basic Svcs. None	Major Svcs. None	Prosthodontics None	Orthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network		Non-PPO dentists** Out-of-PPO Network	
Diagnostic & Preventive Services (D & P) Exams, two cleanings, x-rays	70-100 %		70-100 %	
Basic Services Fillings, simple tooth extractions, sealants	70-100 %		70-100 %	
Endodontics (root canals) Covered Under Basic Services	70-100 %		70-100 %	
Periodontics (gum treatment) Covered Under Basic Services	70-100 %		70-100 %	
Oral Surgery Covered Under Basic Services	70-100 %		70-100 %	
Major Services Crowns, inlays, onlays and cast restorations	70-100 %		70-100 %	
Prosthodontics Bridges and dentures	50 %		50 %	
Orthodontic Benefits Adults and dependent children	80 %		80 %	
Orthodontic Maximums	\$ 1,50	\$ 1,500 Lifetime \$ 1,500 Lifetime		_ifetime
Dental Accident Benefits	100 %		100 %	
		00 maximum per calendar year)	(separate \$1,000 person each ca	

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	<b>Customer Service</b>	Claims Address
100 First St.	866-499-3001	P.O. Box 997330
San Francisco, CA 94105		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.



# **NO ID CARD NECESSARY**

### GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO<sup>1</sup> dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.<sup>2</sup> Find a dentist at deltadentalins.com.3

### **CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM**

- > Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- > Update your dental benefit statement delivery preference: Go paperless!
- > Find a Delta Dental PPO dentist near you.



the dentist's office.

the rest.

Just provide your dental office with your name, birth date

and enrollee ID or social security number. Register for Online

**HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION** New to Delta Dental PPO? This plan covers treatment started

and completed after your plan's effective date of coverage.<sup>4</sup>

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle

Services to print an ID card or pull it up on your smartphone at

### **NON-DELTA** DENTAL DENTISTS

LEGAL NOTICES: Access federal and state legal notices related to your plan: 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> Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.
- <sup>3</sup> Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

<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 will be responsible for any costs. Group- and statespecific 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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