

# Delta Dental PPO<sup>SM</sup>

For groups with 50-99 enrolled employees

Plan Year 2018

## Options Plans – Region 1 Southern California

Summary of Benefits <sup>1</sup> (No waiting period for any procedure)						
Plan	PPO 1		PPO 2		PPO 3	
	PPO Plus Premier <sup>2</sup>		PPO Plus Premier <sup>2</sup>		PPO Plus Premier <sup>2</sup>	
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
<b>Diagnostic &amp; Preventive (D&amp;P)</b>	100%	100%	100%	80%	100%	100%
<b>Basic (fillings, oral surgery, root canals perio and sealants)</b>	90%	80%	80%	80%	80%	80%
<b>Crowns, cast restorations and prosthodontics</b>	60%	50%	50%	50%	50%	50%
<b>Calendar Year Deductible</b> (per enrollee) - waived for D&P	\$25/\$75		\$25/\$75		None	\$25/\$75
	\$50/\$150		\$50/\$150		\$40/\$120	\$50/\$150
<b>Calendar Year Maximum</b> (per enrollee)	\$1,000, \$1,500 \$2,000		\$1,000, \$1,500 \$2,000		\$1,000, \$1,500 \$2,000	
<b>Orthodontics</b> (child only or adult and child(ren) (optional))	50%		50%		50%	
<b>Orthodontics Lifetime Maximum</b> (per enrollee)	\$1,000 or \$1,500		\$1,000 or \$1,500		\$1,000 or \$1,500	
<b>Rates (Without orthodontics, \$50/\$150 deductible, endo and perio covered at Basic)</b>						
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
<b>\$1,000 Maximum</b>						
One Party	\$44.33	\$48.77	\$40.41	\$44.45	\$44.17	\$48.59
Two Party	\$82.02	\$90.23	\$74.60	\$82.06	\$81.81	\$89.98
Three Party +	\$130.55	\$143.61	\$116.07	\$127.68	\$130.23	\$143.26
<b>\$1,500 Maximum</b>						
One Party	\$53.96	\$59.36	\$49.12	\$54.02	\$53.35	\$58.70
Two Party	\$98.60	\$108.47	\$89.52	\$98.48	\$97.55	\$107.32
Three Party +	\$152.10	\$167.31	\$135.21	\$148.73	\$150.71	\$165.78
<b>\$2,000 Maximum</b>						
One Party	\$58.81	\$64.69	\$53.35	\$58.70	\$57.88	\$63.66
Two Party	\$107.09	\$117.79	\$96.92	\$106.61	\$105.43	\$115.98
Three Party +	\$162.71	\$178.97	\$144.30	\$158.74	\$160.48	\$176.53
<b>Rates (With \$1,000 Child orthodontic lifetime maximum \$50/\$150 deductible, endo and perio covered at Basic)</b>						
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
<b>\$1,000 Maximum</b>						
One Party	\$44.33	\$48.77	\$40.41	\$44.45	\$44.17	\$48.59
Two Party	\$83.10	\$91.41	\$75.68	\$83.24	\$82.88	\$91.17
Three Party +	\$141.37	\$155.51	\$126.88	\$139.57	\$141.05	\$155.16
<b>\$1,500 Maximum</b>						
One Party	\$53.96	\$59.36	\$49.12	\$54.02	\$53.35	\$58.70
Two Party	\$99.67	\$109.64	\$90.60	\$99.64	\$98.63	\$108.50
Three Party +	\$162.92	\$179.21	\$146.01	\$160.63	\$161.50	\$177.68
<b>\$2,000 Maximum</b>						
One Party	\$58.81	\$64.69	\$53.35	\$58.70	\$57.88	\$63.66
Two Party	\$108.16	\$118.97	\$97.99	\$107.79	\$106.51	\$117.16
Three Party +	\$173.51	\$190.87	\$155.12	\$170.64	\$171.30	\$188.43



Rates (With \$1,500 Child orthodontic lifetime maximum \$50/\$150 deductible, endo and perio covered at Basic)						
	PPO 1		PPO 2		PPO 3	
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
<b>\$1,000 Maximum</b>						
One Party	\$44.33	\$48.77	\$40.41	\$44.45	\$44.17	\$48.59
Two Party	\$83.56	\$91.93	\$76.15	\$83.76	\$83.36	\$91.69
Three Party +	\$146.32	\$160.96	\$131.84	\$145.01	\$146.01	\$160.62
<b>\$1,500 Maximum</b>						
One Party	\$53.96	\$59.36	\$49.12	\$54.02	\$53.35	\$58.70
Two Party	\$100.16	\$110.18	\$91.06	\$100.18	\$99.11	\$109.00
Three Party +	\$167.88	\$184.66	\$150.98	\$166.08	\$166.48	\$183.12
<b>\$2,000 Maximum</b>						
One Party	\$58.81	\$64.69	\$53.35	\$58.70	\$57.88	\$63.66
Two Party	\$108.63	\$119.49	\$98.47	\$108.30	\$106.99	\$117.67
Three Party	\$178.48	\$196.32	\$160.07	\$176.08	\$176.26	\$193.88

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent Delta Dental sales representative for complete information.

<sup>2</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and the plan contract allowance for non Delta Dental dentists.

### Additional Information

**Required employee participation:** If employer contributes 100% of the cost, 100% of enrolled employees must enroll. If employer contributes 75%-99% of the cost, minimum enrollment is the greater of two or 75% of all enrolled employees.

**Rate guarantee:** Two years for groups enrolling on or before December 1, 2018.

**Broker commission:** These rates include 10% flat broker commission and any applicable miscellaneous broker compensation.

### Region 1

This region includes ZIP codes: 900-908, 910-928 and 930

The following ZIP codes are excluded: 92222, 92227, 92231-92233, 92243-92244, 92249-92251, 92257, 92259, 92266, 92273, 92275, 92281, 92283, 92328, 92384, 92389, 93013, 93014, 93067

### Region 2

This region includes ZIP codes: 940-941, 943-949, 95002, 95008-009, 95011, 95013-015, 95020-021, 95026, 95030-033, 95035-038, 95042, 95044, 95046, 95050-056, 95070-071, 951

The following ZIP codes are excluded: 94503, 94508, 94510, 94512, 94515, 94533-94535, 94558-94559, 94562, 94567, 94571, 94573-94574, 94576, 94581, 94585, 94589-94592, 94599, 94922-94923, 94926-94928, 94931, 94951-94955, 94972, 94975, 94999

### Region 3

This region includes ZIP codes: 932-933, 935-938, 952-953 and 956-958

The following ZIP codes are excluded: 93512-93515, 93517, 93522, 93526, 93529-93530, 93541-93542, 93545-93546, 93549, 95646, 95724, 95728

### Region 4

This region includes ZIP codes: 92222, 92227, 92231-92233, 92243-92244, 92249-92251, 92257, 92259, 92266, 92273, 92275, 92281, 92283, 92328, 92384, 92389, 93013-93014, 93067, 931, 934, 93512-93515, 93517, 93522, 93526, 93529-93530, 93541-93542, 93545-93546, 93549, 939, 942, 94503, 94508, 94510, 94512, 94515, 94533-94535, 94558-94559, 94562, 94567, 94571, 94573-94574, 94576, 94581, 94585, 94589-94592, 94599, 94922-94923, 94926-94928, 94931, 94951-94955, 94972, 94975, 94999, 95001, 95003-007, 95010, 95012, 95017-019, 95023-024, 95039, 95041, 95043, 95045, 95060-067, 95073, 95075-077, 954-955, 95646, 95724, 95728, 959-961