

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

For groups with 50-99 enrolled employees

Plan Year 2018

## Options Plans – Region 2 Northern 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	
Rates (Without orthodontics, \$50/\$150 deductible, endo and perio covered at Basic)						
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
\$1,000 Maximum						
One Party	\$45.58	\$50.13	\$41.55	\$45.70	\$45.40	\$49.96
Two Party	\$86.85	\$95.53	\$78.99	\$86.89	\$86.62	\$95.28
Three Party +	\$137.59	\$151.34	\$122.33	\$134.58	\$137.25	\$150.97
\$1,500 Maximum						
One Party	\$55.48	\$61.03	\$50.49	\$55.55	\$54.86	\$60.35
Two Party	\$104.41	\$114.87	\$94.80	\$104.29	\$103.31	\$113.63
Three Party +	\$160.35	\$176.39	\$142.56	\$156.82	\$158.88	\$174.76
\$2,000 Maximum						
One Party	\$60.46	\$66.51	\$54.86	\$60.35	\$59.50	\$65.45
Two Party	\$113.41	\$124.74	\$102.65	\$112.90	\$111.66	\$122.82
Three Party +	\$171.55	\$188.70	\$152.17	\$167.40	\$169.22	\$186.13
Rates (With \$1,000 Child orthodontic lifetime maximum \$50/\$150 deductible, endo and perio covered at Basic)						
	Level 1	Level 2	Level 1	Level 2	Level 1	Level 2
\$1,000 Maximum						
One Party	\$45.58	\$50.13	\$41.55	\$45.70	\$45.40	\$49.96
Two Party	\$87.97	\$96.77	\$80.11	\$88.12	\$87.74	\$96.50
Three Party +	\$148.89	\$163.77	\$133.64	\$147.01	\$148.55	\$163.41
\$1,500 Maximum						
One Party	\$55.48	\$61.03	\$50.49	\$55.55	\$54.86	\$60.35
Two Party	\$105.54	\$116.09	\$95.92	\$105.51	\$104.44	\$114.88
Three Party +	\$171.66	\$188.81	\$153.86	\$169.26	\$170.17	\$187.20
\$2,000 Maximum						
One Party	\$60.46	\$66.51	\$54.86	\$60.35	\$59.50	\$65.45
Two Party	\$114.54	\$125.97	\$103.77	\$114.14	\$112.79	\$124.05
Three Party +	\$182.86	\$201.14	\$163.47	\$179.84	\$180.51	\$198.56



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	\$45.58	\$50.13	\$41.55	\$45.70	\$45.40	\$49.96
Two Party	\$88.47	\$97.31	\$80.61	\$88.67	\$88.23	\$97.06
Three Party +	\$154.08	\$169.47	\$138.82	\$152.71	\$153.75	\$169.11
<b>\$1,500 Maximum</b>						
One Party	\$55.48	\$61.03	\$50.49	\$55.55	\$54.86	\$60.35
Two Party	\$106.04	\$116.65	\$96.42	\$106.06	\$104.93	\$115.41
Three Party +	\$176.84	\$194.52	\$159.04	\$174.96	\$175.37	\$192.90
<b>\$2,000 Maximum</b>						
One Party	\$60.46	\$66.51	\$54.86	\$60.35	\$59.50	\$65.45
Two Party	\$115.02	\$126.53	\$104.26	\$114.68	\$113.27	\$124.60
Three Party	\$188.04	\$206.83	\$168.66	\$185.52	\$185.71	\$204.26

<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