

Delta Dental PPOSM

For groups with 50-99 enrolled employees

Plan Year 2018

Options Plans – Region 4 All Other Regions, California

Summary of Benefits ¹ (No waiting period for any procedure)						
Plan	PPO 1		PPO 2		PPO 3	
	PPO Plus Premier ²		PPO Plus Premier ²		PPO Plus Premier ²	
	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists	PPO Dentists	Non-PPO Dentists
Diagnostic & Preventive (D&P)	100%	100%	100%	80%	100%	100%
Basic (fillings, oral surgery, root canals perio and sealants)	90%	80%	80%	80%	80%	80%
Crowns, cast restorations and prosthodontics	60%	50%	50%	50%	50%	50%
Calendar Year Deductible (per enrollee) - waived for D&P	\$25/\$75		\$25/\$75		None	\$25/\$75
	\$50/\$150		\$50/\$150		\$40/\$120	\$50/\$150
Calendar Year Maximum (per enrollee)	\$1,000, \$1,500, \$2,000		\$1,000, \$1,500, \$2,000		\$1,000, \$1,500, \$2,000	
Orthodontics (child only or adult and child(ren) optional)	50%		50%		50%	
Orthodontics Lifetime Maximum (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	\$45.19	\$49.70	\$41.20	\$45.31	\$45.01	\$49.52
Two Party	\$84.51	\$92.97	\$76.87	\$84.55	\$84.28	\$92.72
Three Party +	\$134.28	\$147.71	\$119.39	\$131.33	\$133.95	\$147.35
\$1,500 Maximum						
One Party	\$55.00	\$60.50	\$50.06	\$55.06	\$54.38	\$59.82
Two Party	\$101.61	\$111.77	\$92.25	\$101.47	\$100.53	\$110.57
Three Party +	\$156.46	\$172.11	\$139.09	\$153.01	\$155.03	\$170.53
\$2,000 Maximum						
One Party	\$59.95	\$65.93	\$54.38	\$59.82	\$58.99	\$64.89
Two Party	\$110.34	\$121.38	\$99.87	\$109.85	\$108.64	\$119.49
Three Party +	\$167.38	\$184.11	\$148.46	\$163.31	\$165.10	\$181.60
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	\$45.19	\$49.70	\$41.20	\$45.31	\$45.01	\$49.52
Two Party	\$85.61	\$94.18	\$77.97	\$85.76	\$85.40	\$93.92
Three Party +	\$145.36	\$159.91	\$130.48	\$143.52	\$145.04	\$159.55
\$1,500 Maximum						
One Party	\$55.00	\$60.50	\$50.06	\$55.06	\$54.38	\$59.82
Two Party	\$102.71	\$112.97	\$93.35	\$102.68	\$101.63	\$111.79
Three Party +	\$167.55	\$184.31	\$150.18	\$165.21	\$166.11	\$182.73
\$2,000 Maximum						
One Party	\$59.95	\$65.93	\$54.38	\$59.82	\$58.99	\$64.89
Two Party	\$111.45	\$122.58	\$100.97	\$111.06	\$109.75	\$120.72
Three Party +	\$178.46	\$196.32	\$159.55	\$175.51	\$176.18	\$193.80



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
\$1,000 Maximum						
One Party	\$45.19	\$49.70	\$41.20	\$45.31	\$45.01	\$49.52
Two Party	\$86.11	\$94.70	\$78.44	\$86.29	\$85.87	\$94.46
Three Party +	\$150.46	\$165.49	\$135.56	\$149.11	\$150.14	\$165.14
\$1,500 Maximum						
One Party	\$55.00	\$60.50	\$50.06	\$55.06	\$54.38	\$59.82
Two Party	\$103.19	\$113.52	\$93.82	\$103.21	\$102.10	\$112.31
Three Party +	\$172.64	\$189.89	\$155.26	\$170.79	\$171.20	\$188.33
\$2,000 Maximum						
One Party	\$59.95	\$65.93	\$54.38	\$59.82	\$58.99	\$64.89
Two Party	\$111.92	\$123.13	\$101.46	\$111.59	\$110.23	\$121.24
Three Party	\$183.56	\$201.91	\$164.64	\$181.09	\$181.27	\$199.40

¹ 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.

² 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