

DELTA DENTAL OF CALIFORNIA

Small Business Program

Classic – Plan: PPO B

Delta Dental PPOSM

Who's Eligible?	Primary enrollee, spouse or domestic partner (if applicable), and eligible children to age 26.
Deductible	None
Maximum	\$1,000 per person, per calendar year.
Maximum Waived For Diagnostic & Preventive Services	No

Benefit Highlights

Benefits and Covered Services*	Delta Dental PPO Dentists**	Delta Dental Premier & Non-Delta Dental Dentists**
Diagnostic & Preventive Services Exams, x-rays, cleanings, fluoride treatments, space maintainers	70%	50%
Basic Services Fillings, simple tooth extractions, sealants	70%	50%
Endodontics Services (root canals) & Periodontics Services (gum treatment)	70%	50%
Crowns, Inlays, Onlays and Cast Restorations	50%	50%
Prosthodontics Services Bridges, partial dentures, full dentures, implants	50%	50%
Orthodontic Services	Not a benefit	Not a benefit
Orthodontic Lifetime Maximum	N/A	N/A

* Limitations and exclusions may apply to some benefits.

** Reimbursement is based on the lesser of the dentist's submitted fees or the PPO contracted fees for PPO dentists, the Premier contracted fees for Premier dentists, the plan allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

Claims Address
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Sacramento, CA 95899-7330

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage. Please refer to your Evidence of Coverage booklet for a list of benefit limitations and exclusions. If you have specific questions regarding your dental plan, please consult your company's benefits representative.