

**DELTA DENTAL OF CALIFORNIA**

**Small Business Program**

**Classic – Plan: PPO B**

Delta Dental PPO<sup>SM</sup>

Benefit Highlights

<b>Who's Eligible?</b>	Primary enrollee, spouse or domestic partner (if applicable), and eligible children to age 26.
<b>Deductible</b>	None
<b>Maximum</b>	\$1,500 per person, per calendar year.
<b>Maximum Waived For Diagnostic &amp; Preventive Services</b>	No

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO Dentists**</b>	<b>Delta Dental Premier &amp; Non-Delta Dental Dentists**</b>
<b>Diagnostic &amp; Preventive Services</b> Exams, x-rays, cleanings, fluoride treatments, space maintainers	70%	50%
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70%	50%
<b>Endodontics Services</b> (root canals) & <b>Periodontics Services</b> (gum treatment)	70%	50%
<b>Crowns, Inlays, Onlays and Cast Restorations</b>	50%	50%
<b>Prosthodontics Services</b> Bridges, partial dentures, full dentures, implants	50%	50%
<b>Orthodontic Services</b>	Not a benefit	Not a benefit
<b>Orthodontic Lifetime Maximum</b>	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**  
P.O. Box 997330  
Sacramento, CA 95899-7330

[deltadentalins.com](http://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.**