

Delta Dental PPO™

For groups with 5-99 enrolled employees

Plan Year 2019

Voluntary – California

Summary of Benefits ¹	PPO VOL	
	PPO Dentist ²	Non-PPO Dentist ²
Reimbursement basis		
First Year		
Diagnostic and Preventive (deductible waived) Periodic oral evaluation – established patient Bitewing x-rays Prophylaxis (cleaning) (two per calendar year)	100%	100%
Sealants, simple restorations & simple extractions Amalgam filling one surface primary or permanent	80%	80%
Dental Accident	100%	100%
Second Year		
Covered only following 12 months of continuous enrollment		
Endodontics Root canal – endodontic therapy, anterior teeth final restoration	50%	50%
Periodontics Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded space per quadrant	50%	50%
Oral surgery Removal of impacted tooth	50%	50%
Crowns, inlays, onlays and cast restorations Crown – full cast noble metal	50%	50%
Prostodontics Implants Complete denture Pontic cast noble metal	50%	50%
Calendar year deductible (per enrollee)	\$50	
Calendar year maximum (per enrollee)	\$1,000 or \$1,500	
Dental Accident Lifetime maximum (per enrollee)	\$1,000	
Orthodontics (optional) (requires min. 25 primary enrollees) Coverage (Children Only)	50%	
Lifetime orthodontic maximum (per enrollee)	\$1,000	

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 for all dentists will be based on the PPO contracted fee.



	Rates (without orthodontics)		Rates (with orthodontics)	
	\$1,000 Maximum	\$1,500 Maximum	\$1,000 Maximum	1,500 Maximum
Employee	\$43.49	\$55.65	\$43.49	\$55.65
Employee and Spouse	\$86.18	\$108.94	\$86.18	\$108.94
Employee and Child(ren)	\$94.92	\$113.98	\$115.26	\$138.40
Employee and Family	140.87	\$170.76	\$161.20	\$195.41

Rate Guarantee

Guaranteed for a two-year period. Valid for effective dates beginning 01/1/2019 to 12/1/2019.

Broker Commission

Rates include 10% flat broker commission and any applicable miscellaneous broker compensation.

Waiver Waiting Period

The 12-month waiting period can be waived for initial enrollees only if the employer provides proof of prior comprehensive dental coverage. New employees will be subject to the 12-month waiting period.

Required Employer Contribution

Employee: 0% - 74%

Dependent: 0%

Eligibility for Benefits

- No excluded industries.
- Group must initially enroll and maintain a minimum of 5 primary enrollees for the duration of the contract.
- Primary enrollees and/or dependents must enroll for a minimum of 12 months. Second-year benefits are available only upon completion of a continuous 12-month waiting period. Should a break in coverage occur during this 12-month period, the enrollee will be required to satisfy the 12-month continuous waiting period before becoming eligible for the second-year benefits.
- Employer must provide payroll deduction for employees and dependent coverage and submit total premiums on a monthly basis.