

# Delta Dental PPO™

For groups with 5-99 enrolled employees

Plan Year 2020

## Voluntary – California

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

<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 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 01/1/2020 to 12/1/2020.

**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.