

Delta Dental PPO™

For groups with 2-4 enrolled employees

Plan Year 2020

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%
Prosthodontics Implants Complete denture Pontic cast noble metal	50%	50%
Calendar year deductible (per enrollee)	\$50	
Calendar year 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	
Employee	\$47.84
Employee and Spouse	\$94.80
Employee and Child(ren)	\$104.41
Employee and Family	\$154.96

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 2 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.