

# Delta Dental of California

## City of Pacific Grove – Group # 3015-0005

Updated 2/1/2017

### Highlights of your Delta Dental PPO Plan

	IN-NETWORK		OUT-OF-NETWORK	
	PPO Dentist <sup>1</sup>	DeltaPremier Dentist <sup>2</sup>	Non-Delta Dentist <sup>3</sup>	
<b>WHO IS COVERED</b>	Primary enrollee and spouse as well as children to age 26			
<b>DEDUCTIBLES-waived on D&amp;P BENEFITS MAXIMUM</b>	\$25 per calendar year The Maximum benefit paid per calendar year is \$1,000 per person	\$25 per calendar year The Maximum benefit paid per calendar year is \$1,000 per person	\$25 per calendar year The Maximum benefit paid per calendar year is \$1,000 per person	
<b>DIAGNOSTIC AND PREVENTIVE BENEFITS</b> Oral examinations, cleanings, x-rays, biopsy/tissue examinations, fluoride treatment, space maintainers, specialist consultation	80% of a <i>PPO</i> Dentist fees	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>	
<b>BASIC BENEFITS</b> Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, sealants	80% of a <i>PPO</i> Dentist fees	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>	
<b>CROWNS, JACKETS AND CAST RESTORATIONS</b>	80% of a <i>PPO</i> Dentist fees	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>	
<b>PROSTHODONTIC BENEFITS</b> Bridges, partial dentures, full dentures Implant coverage	50% of a <i>PPO</i> Dentist fees	50% of a <i>DeltaPremier</i> Dentist fee	50% of <i>UCR</i>	
<b>ORTHODONTIC BENEFITS</b>	N/A	N/A	N/A	

<sup>1</sup>The approved fee for the PPO dentist is based on the PPO fee schedule

<sup>2</sup> The approved fee for DeltaPremier dentist is the filed fee

<sup>3</sup> The non-Delta dentist payment is based on the fee that satisfies the majority of Delta dentists (**UCR**).

**\* UCR – Usual, Customary and Reasonable Fee**

- A **Usual** fee is the amount which an individual dentist regularly charges and received for a given service or the fee actually charged, whichever is less
- A **Customary** fee is within the range of usual fees charged and received for a particular service by dentists of similar training in the same geographic area.
- A **Reasonable** fee schedule is reasonable if it is Usual and Customary.

**SERVICES THAT ARE NOT COVERED**

- Extra-oral grafts
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Services for injuries/conditions covered under Workers' Compensation or Employer's Liability Laws
- Anesthesia (except for general anesthesia for oral surgery)

This Preferred Provider Option program is administered by the **HEALTH CARE EMPLOYEES/EMPLOYER DENTAL TRUST**. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact the Customer and Member Services department at (925) 803-1880.

Delta Dental Online at [www.deltadentalins.com](http://www.deltadentalins.com)