

Delta Dental of California

Sonoma County IHSS Public Authority – 2228/0001

Updated 8/2/2016

Highlights of your Delta Dental PPO Plan

	IN-NETWORK		OUT-OF-NETWORK	
	PPO Dentist ¹	DeltaPremier Dentist ²	Non-Delta Dentist ³	
WHO IS COVERED	Primary enrollee and spouse as well as children to age 26			
DEDUCTIBLES-waived on D&P BENEFITS MAXIMUM	\$50 per person The Maximum benefit paid per calendar year is \$1,000 per person	\$50 per person The Maximum benefit paid per calendar year is \$1,000 per person	\$50 per person The Maximum benefit paid per calendar year is \$1,000 per person	
DIAGNOSTIC AND PREVENTIVE BENEFITS Oral examinations, cleanings, x-rays, biopsy/tissue examinations, fluoride treatment, space maintainers, specialist consultation	100% of a <i>PPO</i> Dentist fees	100% of a <i>DeltaPremier</i> Dentist fee	100% of <i>UCR</i>	
BASIC BENEFITS 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>	
CROWNS, JACKETS AND CAST RESTORATIONS- 12 months wait	60% of a <i>PPO</i> Dentist fees	50% of a <i>DeltaPremier</i> Dentist fee	50% of <i>UCR</i>	
PROSTHODONTIC BENEFITS – 12 months wait Bridges, partial dentures, full dentures Implant coverage	60% of a <i>PPO</i> Dentist fees	50% of a <i>DeltaPremier</i> Dentist fee	50% of <i>UCR</i>	
ORTHODONTIC BENEFITS – 12 months wait Lifetime Max - \$1000	50% of a <i>PPO</i> Dentist fees	50% of a <i>DeltaPremier</i> Dentist fee	50% of <i>UCR</i>	

¹The approved fee for the PPO dentist is based on the PPO fee schedule

² The approved fee for DeltaPremier dentist is the filed fee

³ 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