Plan Benefit Highlights for:	PPO Unlimited with Orthodontic	
Group No:	Active and Cobra (Retirees exclude Orthodontic)	

Eligibility	Primary enrollee, spouse (includ to age 26	es domestic partner) and eli	gible dependent children
Deductibles	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
Deductibles waived for D & P?	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$Unlimited per person in-network*** The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**	
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings per cal-year, x-rays	100 %	50 %	
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %	
Endodontics (root canals) Covered Under Basic Services	100 %	50 %	
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %	
Oral Surgery Covered Under Basic Services	100 %	50 %	
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %	
Prosthodontics Bridges, dentures, implants***	60 %	50 %	
Orthodontic Benefits Dependent children only	<mark>50%</mark>	50%	
Orthodontic Maximums	Separate \$1,000 Lifetime maximum per person		
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)		

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.
- *** Implants are paid at 60% in-network limited to a \$2,000 annual maximum /50% out-of-network limited to a \$1,000 annual maximum.

Delta Dental of California	Customer Service	Claims Address
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