

<b>Plan Benefit Highlights for:</b>	<b>PPO Unlimited with Orthodontic</b>
<b>Group No:</b>	<b>Active, Retiree, and COBRA</b>

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

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

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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.