

**Plan Benefit Highlights for:** Brea Olinda Unified School District

**Group No:** 07041 – 01801 ~ 01804

**DELTA DENTAL PPO<sup>SM</sup>**

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	None			
<b>Maximums</b>	Delta Dental PPO dentists: \$5,000 per person each calendar year Non-Delta Dental PPO dentists: \$2,000 per person each calendar year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists</b>	<b>Non-Delta Dental PPO dentists</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100 %	100 %
<b>Basic Services</b> Fillings, posterior composites and sealants	100 %	80 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	100 %	80 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	100 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	80 %	80 %
<b>Prosthodontics</b> Bridges and dentures	80 %	50 %
<b>Implants Benefits</b>	80 %	50 %
<b>Implants Maximums</b>	\$1,500 Calendar	\$1,500 Calendar
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$3,000 Lifetime	\$3,000 Lifetime
<b>Dental Accident Benefits</b>	100 % \$1,000 (Separate calendar year maximum)	

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 100 First St San Francisco, CA 94105	<b>Customer Service</b> 866-499-8001	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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[deltadentalins.com](http://deltadentalins.com)

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.

**BENEFIT HIGHLIGHTS**