

Delta Dental Incentive (1100) Plan does not offer Orthodontia

PRINCIPAL BENEFITS AND COVERED SERVICES*

1100 (Incentive)

SERVICES THAT ARE NOT COVERED

Under this plan, Delta Dental pays 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with us before proceeding.

The following are *not* covered by the plan:

- Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)
- Orthodontic treatment

WHEN TREATMENT IS PROVIDED BY...	A PPO IN-NETWORK DENTIST**	A NON-NETWORK PREMIER DENTIST
WHO'S COVERED	Primary enrollee and spouse as well as dependent children to age 26	Primary enrollee and spouse as well as dependent children to age 26
BENEFITS MAXIMUM	The maximum benefit paid per calendar year is \$1,200 per person.	The maximum benefit paid per calendar year is \$1,000 per person.
DIAGNOSTIC AND PREVENTIVE BENEFITS* oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
BASIC BENEFITS* oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
CROWNS, JACKETS AND OTHER CAST RESTORATIONS*	70% - 100% of PPO dentist's allowed fee	70% - 100% of Delta dentist's allowed fee
PROSTHODONTIC BENEFITS bridges, partial dentures, full dentures, implants	50% of PPO dentist's allowed fee	50% of Delta dentist's allowed fee
DENTAL ACCIDENT BENEFITS	100% of PPO dentist's allowed fee separate \$1,000 maximum per person per calendar year	100% of Delta dentist's allowed fee separate \$1,000 maximum per person per calendar year

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as an Evidence of Coverage for the plan.

This Delta Dental PPO plan is administered by Delta Dental of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact our Customer Service department.



P.O. Box 997330
Sacramento, California 95899-7330

For customer service and eligibility/benefits information:
(866) 499-3001

For online or faxed eligibility/benefits information:
www.deltadentalins.com or
(800) 765-6003

For a list of PPO or Delta dentists:
(800) 4-AREA-DR (800-427-3237) or
www.deltadentalins.com

*Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist. **Delta endodontists, oral surgeons and periodontists are not PPO dentists, but you receive in-network benefits when visiting one of these specialists.

Delta Dental Incentive (1200) Plan offers Orthodontia

DELTA DENTAL OF CALIFORNIA

Client Name: FALLSADES CHARTER HIGH SCHOOL
Group No.: 7079-1200 & 9200 (Active & COBRA)

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

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 25 if dependent is full-time student (includes domestic partner)
DEDUCTIBLES	In-network: N/A Out-of-network: \$25 per person, \$75 per family, per calendar year
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	In-network: N/A Out-of-network: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ANNUAL MAXIMUM	The maximum benefit paid per calendar year is \$1,500 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 Crowns & Casts: None Prosthetics: None Orthodontics: None

BENEFITS AND COVERED SERVICES*	In-PPO Network**	Out-Of-PPO Network**
DIAGNOSTIC & PREVENTIVE BENEFITS - Oral examinations, two (2) routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations	100 %	50 %
BASIC BENEFITS - Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), oral surgery (extractions)	100 %	50 %
CROWNS, OTHER CAST RESTORATIONS - Crowns, inlays, onlays and cast restorations	100 %	50 %
PROSTHODONTICS - Bridges, partial dentures, full dentures, implants	50 %	50 %
ORTHODONTIC BENEFITS adults and dependent children	\$0 %	50 %
ORTHODONTIC MAXIMUMS	\$ 1,000 Lifetime	\$ 1,000 Lifetime
DENTAL ACCIDENT BENEFITS	100 % (separate \$1,000 maximum per person per calendar year)	100 % (separate \$1,000 maximum per person per calendar year)

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.
Fees are based on PPO fees for in-network dentists and the maximum plan allowance (MPA) for out-of-network dentists.
Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



Delta Dental of California
100 First Street
San Francisco, CA 94105

Customer Service: 866-499-3001
Online Services: www.deltadentalins.com

Claims Address:
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