

DELTA DENTAL OF CALIFORNIA

Client Name: CITY OF MODESTO

Group No.: 5599

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier[®] indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

IN-PPO NETWORK	OUT-OF-PPO NETWORK
DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER[®] DENTISTS & NON-DELTA DENTAL DENTISTS
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. Premier dentists may not balance bill above Delta Dental's approved amount*, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.
You are charged only the patient's share** at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient's share** at the time of treatment.
PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you. *** Premier dentists will complete claim forms and submit them for you at no charge.

SAMPLE CLAIM SAVINGS

	IN-PPO NETWORK	OUT-OF-PPO NETWORK	
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills (submitted charge)	\$180.00	\$180.00	\$180.00
Delta Dental's agreed upon fee	\$90.00	\$130.00	No fee agreement with Delta Dental
Delta Dental's payment 50%	\$45.00	\$65.00	\$55.00
Patient share**	\$45.00	\$65.00	\$125.00
Patient savings (over non-Delta Dental dentist patient share)	\$80.00	\$60.00	N/A

* Premier dentists may bill you the difference between the PPO fee and Delta Dental's approved Premier fee amount, but they may never balance bill you above the Premier fee allowance. Non-Delta dentists may balance bill you the entire amount of their submitted charge.

** Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

*** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

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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.

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In a Covered Person's first Calendar Year (or partial Calendar Year) of coverage, the percentage paid by the Plan is 70%. The percentage will increase in subsequent Calendar Years as shown below (i.e., to 80%, 90%, 100%) provided the individual has utilized the program (i.e., has received covered dental care) during the preceding Calendar Year. If the program is not used in any Calendar Year, the Plan's benefit percentage in the next succeeding Calendar Year will be reduced by 10%, but in no event to less than 70%. For example, if a Covered Person fails to have dental care in a year in which his benefit percentage would have been 90%, then the percentage payable in the following year will be 80%. If a person loses eligibility, the percentage restarts at 70% if eligibility is restored. However, if an Employee is laid off and returns to work within 6 months, the benefit level applicable as of the date of lay-off will be restored for the Employee and any for Dependents covered at the time of lay-off and covered upon return. If the employee returns to work from 6 months to a period of two years of the date of lay-off, the benefit level will be restored less 10% (but not to fall below 70%) for the Employee and any for Dependents covered at the time of lay-off.

WHO'S ELIGIBLE	Primary enrollee, spouse (includes domestic partner of same gender) and eligible dependent children to age 19 or to age 25 if dependent is full-time student
DEDUCTIBLES	None
ANNUAL MAXIMUM	The maximum benefit paid per calendar year is \$1200 per person

BENEFITS AND COVERED SERVICES*	In-PPO Network**	Out-Of-PPO Network**
DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations	70-100 %	70-100 %
BASIC BENEFITS -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), oral surgery (extractions), sealants	70-100 %	70-100 %
CROWNS, OTHER CAST RESTORATIONS -- Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %
PROSTHODONTICS -- Bridges, partial dentures, full dentures, implants	50 %	50 %
DENTAL ACCIDENT BENEFITS***	100 % (separate \$1200 lifetime maximum per person)	100 % (separate \$1200 lifetime maximum per person)

* 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 MPA (maximum plan allowance) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

*** Dental accident benefits are available only for services and supplies provided within 180 days following the date of the accident. An accident must occur and covered care must be received while the individual is covered.

NOTE: Routine cleanings and oral examinations are limited to twice per calendar year.



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

Customer Service
800-765-6003

Online Services
www.deltadentalins.com

Claims Address
P.O. Box 997330, Sacramento, CA 95899-7330

(Group 5599-6.10.09) (PPO Mixed Incentive)