

DELTA DENTAL PLAN OPTIONS

Benefits	Dental PPO		Dental PPO Plus		DMO
	Delta Dental PPO SM or Delta Dental Premier [®] dentist	Non-Delta Dental dentist	Delta Dental PPO or Delta Dental Premier dentist	Non-Delta Dental dentist	DeltaCare [®] USA dentist (in-network only)
Overview	<ul style="list-style-type: none"> > Large network > Go to a PPO dentist for the greatest savings or a Premier dentist for the next best deal > No need to pre-select a dentist 	<ul style="list-style-type: none"> > You may be balanced billed 	<ul style="list-style-type: none"> > Large network > Go to a PPO dentist for the greatest savings or a Premier dentist for the next best deal > No need to pre-select a dentist 	<ul style="list-style-type: none"> > You may be balanced billed 	<ul style="list-style-type: none"> > Small network > You must visit a pre-selected dentist of your choice from the network > Low or no copay for many services
Deductible per Calendar Year	<ul style="list-style-type: none"> > \$25 per person (3 max) > \$75 per family 		<ul style="list-style-type: none"> > \$25 per person (3 max) > \$75 per family 		None
Maximum per Calendar Year	<ul style="list-style-type: none"> > \$1,500 per person 		<ul style="list-style-type: none"> > \$2,000 per person at PPO dentist > \$1,800 per person at Premier dentist 	<ul style="list-style-type: none"> > \$1,500 per person 	None
Preventive Care dental exams and cleanings	<ul style="list-style-type: none"> > 100% covered > 2 times per year > Deductible waived 	<ul style="list-style-type: none"> > 90% covered (up to allowed amount) > Deductible waived > 2 times per year 	<ul style="list-style-type: none"> > 100% covered > 2 times per year > Deductible waived 	<ul style="list-style-type: none"> > 90% covered (up to allowed amount) > Deductible waived > 2 times per year 	No cost*
Basic Care fillings, crowns, root canals, gum treatment, oral surgery	<ul style="list-style-type: none"> > 80% covered after deductible 	<ul style="list-style-type: none"> > 70% covered (up to allowed amount) after deductible 	<ul style="list-style-type: none"> > 80% covered after deductible 	<ul style="list-style-type: none"> > 70% covered (up to allowed amount) after deductible 	\$0-\$250*
Major Care bridges, partial dentures and implants (subject to certain limitations)	<ul style="list-style-type: none"> > 50% covered after deductible 	<ul style="list-style-type: none"> > 40% covered (up to allowed amount) after deductible 	<ul style="list-style-type: none"> > 50% covered after deductible 	<ul style="list-style-type: none"> > 40% covered (up to allowed amount) after deductible 	\$0-\$250*
Orthodontia such as braces for teenagers or adults	<ul style="list-style-type: none"> > 50% covered 	<ul style="list-style-type: none"> > 40% covered (up to allowed amount) 	<ul style="list-style-type: none"> > 50% covered 	<ul style="list-style-type: none"> > 40% covered (up to allowed amount) 	You pay \$350 "start-up" fee plus max copay: Child: \$1,600 Adult: \$1,800
Orthodontia Lifetime Maximum	<ul style="list-style-type: none"> > \$1,500 per person at PPO dentist > \$1,000 per person at Premier dentist 	<ul style="list-style-type: none"> > \$1,000 per person 	<ul style="list-style-type: none"> > \$2,000 per person at PPO dentist > \$1,200 per person at Premier dentist 	<ul style="list-style-type: none"> > \$1,200 at non-Delta Dental dentist 	No maximum

Sutter Dental Standard: 3 Options

In California, Delta Dental PPO, Delta Dental Premier and DeltaCare USA are underwritten by Delta Dental of California.

* Call Delta Dental for more details

PPO and PPO Plus 800-765-6003/ DMO 800-422-4234

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