DELTA DENTAL OF CALIFORNIA

Client Name: City of Merced (Effective 01/01/09)

Group No.: 0565-0001

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

Delta Dental offers you what no other dental plan can – The Delta Dental Difference℠. 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**

* 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.

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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WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 25 if dependent is full-time student			
DEDUCTIBLES	In-network: No deductible Out-of-network: $25 per person, $75 per family, per calendar year			
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	In-network: No deductible Out-of-network: Yes ☒ No ☐			
ANNUAL MAXIMUM	The maximum benefit paid per calendar year is $1,000 per person			
WAITING PERIOD(S)	Basic Benefits None	Crowns & Casts None	Orthodontics None	Prosthodontics None

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	100 %	100 %
BASIC BENEFITS -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), oral surgery (extractions), sealants	100 %	100 %
CROWNS, OTHER CAST RESTORATIONS -- Crowns, inlays, onlays and cast restorations	100 %	100 %
PROSTHODONTICS -- Bridges, partial dentures, full dentures, implants	100 %	100 %
ORTHODONTIC BENEFITS adults and dependent children	100 %	100 %
ORTHODONTIC MAXIMUMS	$ 1,000 Lifetime	$ 1,000 Lifetime

* *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.*

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Customer Service
800-765-6003

Online Services
www.deltadentalins.com

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