

# Keep Smiling Delta Dental PPO<sup>SM</sup>



#### Save with PPO

Visit a dentist in the PPO network to maximize your savings.1 These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>2</sup> Find a PPO dentist at deltadentalins.com/ucship.

#### Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com/ucship. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

Register with your student ID number (including all alphanumeric characters) or your medical ID number (beginning with the number "8" and no letters).

#### Print an ID card at home

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and student ID or medical number. Prefer to take a paper or electronic ID card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

#### Visit the dentist

Once you've found a dentist in the PPO network, call to make an appointment. The dentist directory at deltadentalins.com/ucship includes phone numbers and addresses.

#### Get a cost estimate

Budget for dental expenses with the Cost Estimator. Go to deltadentalins.com/ucship, log in to Online Services and click on Cost Explorer by your name. You'll get a cost estimate personalized to your benefits, including maximums and deductibles, and you can compare the cost of the same procedure at different dentists.

## Save with a PPO dentist





<sup>1</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>&</sup>lt;sup>2</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

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

**GROUP NAME:** UC Student Health Insurance Plan (UC SHIP)

**GROUP NUMBER: 04633 (GRADUATES)** 

05364 (UNDERGRADUATES)

> ELIGIBILITY: WHO MAY RECEIVE BENEFITS?

• Primary enrollee and spouse (includes domestic partner)

• Eligible dependent children to: end of month dependent turns age 26

> WAITING PERIODS

**Basic Services:** 

none

Major Services:

none

> **DEDUCTIBLES** per person

\$25 each plan year (PPO network)

\$50 each plan year (outside PPO network)

**EFFECTIVE: 2017–2018** 

> MAXIMUMS\* per person

\$1,000 each plan year (PPO network)

\$750 each plan year (outside PPO network)

BENEFITS AND COVERED SERVICES	PPO dentists <sup>1,2</sup>	Non-PPO dentists <sup>1,2,3</sup>
Diagnostic & Preventive Services (D&P)	100%	80%
Exam, cleanings and x-rays	Deductible doesn't apply to D&P	
	D&P counts towards maximum	
Basic Services Fillings, composites and sealants	80%	60%
Endodontics (Basic) Root canals	80%	60%
Periodontics Gum treatment (Basic)	80%	60%
Oral Surgery (Basic) Includes simple tooth extractions	80%	60%
Major Services Crowns, inlays, onlays and cast restorations	70%	40%
<b>Prosthodontics</b> (Major) Bridges, dentures and implants	70%	40%
Night Guard	80%	60%

<sup>&</sup>lt;sup>1</sup> Delta Dental Premier® dentists are considered out-of-network dentists.

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

**Customer Service** (Toll-Free) 800-765-6003

**Claims Address** P.O. Box 997330

Sacramento, CA 95899-7330

This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description or Group Dental Service Contract. If you have specific questions regarding the benefits eligibility, limitations or exclusions of your plan, please consult your company's benefits representative.









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

Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

<sup>\*</sup>The maximum amount for in and out-of-network services are combined; no member will have more than \$1,000 in benefits per plan year.