

# DELTA DENTAL OF CALIFORNIA

**Client Name: University of San Francisco**

**Group No.: 2406**

## BENEFIT HIGHLIGHTS FOR DENTAL DENTAL PREMIER

Delta Dental offers you what no other dental plan can – The Delta Dental Difference<sup>SM</sup>. 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 for covered services.
- **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.

Although the Delta Dental Premier program allows you the freedom to visit any licensed dentist, there are advantages to visiting a Delta Dental dentist. Consider the information below:

IN-NETWORK	OUT-OF-NETWORK
DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
You will usually pay the lowest amount for services when you visit a Delta Dental Premier dentist. Premier dentists may not balance bill above Delta Dental’s approved amount, so your out-of-pocket costs are usually lower than charges from a non-Delta Dental dentists.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will often have higher out-of-pocket costs when you visit a non-Delta Dental dentist.
Premier dentists charge you 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 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.**

	IN-NETWORK	OUT-OF-NETWORK
	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills	\$180.00	\$180.00
Dentist accepts as payment in full	\$130.00 (Delta Dental’s agreed-upon fee)	(No fee agreement with Delta Dental)
Delta Dental’s payment 50%	\$65.00	\$65.00
Patient share*	\$65.00	\$115.00
<b>Patient savings</b> (over non-Delta Dental dentist)	<b>\$50.00</b>	<b>N/A</b>

\* 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.

## BENEFIT HIGHLIGHTS FOR DELTA DENTAL PREMIER

Under this plan, Delta Dental pays 70% of the approved fees for covered diagnostic, preventive and basic services and 70% of the approved amount for cast and crown benefits during the first year of eligibility. The copay percentage will increase by 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 the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

<b>WHO'S ELIGIBLE</b>	Primary enrollee, spouse and eligible dependent children to age 19 if dependent is full-time student to age 25			
<b>DEDUCTIBLES</b>	No Deductibles			
<b>DEDUCTIBLE WAIVED FOR DIAGNOSTIC &amp; PREVENTIVE?</b>	Not Applicable			
<b>ANNUAL MAXIMUM</b>	The maximum benefit paid per calendar year is \$1,500 per person			
<b>WAITING PERIOD(S)</b>	Basic Benefits None	Crowns & Casts None	Prosthodontics None	Orthodontics None

<b>BENEFITS AND COVERED SERVICES*</b>	<b>Delta Dental Premier Dentist**</b>	<b>Non-Delta Dental Dentist**</b>
<b>DIAGNOSTIC &amp; PREVENTIVE BENEFITS</b> -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations	70 % - 100 %	70 % - 100 %
<b>BASIC BENEFITS</b> -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), sealants, oral surgery (extractions)	70 % - 100 %	70 % - 100 %
<b>CROWNS, OTHER CAST RESTORATIONS</b> -- Crowns, inlays, onlays and cast restorations	70 % - 100 %	70 % - 100 %
<b>PROSTHODONTICS</b> -- Bridges, partial dentures, full dentures	50 %	50 %
<b>ORTHODONTIC BENEFITS</b> -- dependent children only	50 %	50 %
<b>ORTHODONTIC MAXIMUMS</b>	\$ 1,500 Lifetime	\$ 1,500 Lifetime
<b>DENTAL ACCIDENT BENEFITS</b>	100 %	100 %

\* 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 maximum plan allowance (MPA) for in-network dentists and the 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

**Online Services**  
[www.deltadentalins.com](http://www.deltadentalins.com)

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

**Customer Service**  
800-765-6003

CSR 03/10