

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse or Domestic Partner/Family | Plan Type: Dental PPO Incentive



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at deltadentalins.com or by calling 866-499-3001. Note: the Uniform Glossary can be accessed at: www.dol.gov/ebsa/healthreform and www.cciio.cms.gov)

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$ 0	See the chart starting on page 3 for your costs for services this plan covers.
Are there other deductibles for specific services?	\$ 0	Not applicable because there are no deductibles.
Is there an out-of-pocket limit on my expenses?	No – dental services	There’s no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit	Not applicable because there’s no out-of-pocket limit on your expenses.

Dental Questions: Call 866-499-3001 or visit us at deltadentalins.com.

If you aren’t clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 1-866-444-EBSA (3272) to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse or Domestic Partner/Family | Plan Type: Dental PPO Incentive

<p>Is there an overall annual limit on what the plan pays?</p>	<p>Yes, for Dental Services. In-Network: \$1,700 per person each calendar year Out-of-Network: \$1,500 per person each calendar year</p>	<p>This plan will pay for covered services only up to this limit during each coverage period, Even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 3 describes <i>specific</i> coverage limits, such as limits on the number of office visits.</p>
<p>Does this plan use a network of providers?</p>	<p>Yes. For a list of Delta Dental Dentists, see deltadentalins.com or call 866-499-3001.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 3 for how this plan pays different kinds of providers.</p>
<p>Do I need a referral to see a specialist?</p>	<p>No for Dental Services</p>	<p>You can see the dental specialist you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes</p>	<p>Some of the services this plan doesn't cover are listed on page 3. See your policy or plan document for additional information about excluded services.</p>

Dental Questions: Call 866-499-3001 or visit us at deltadentalins.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.ccio.cms.gov or call 1-866-444-EBSA (3272) to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse or Domestic Partner/Family | Plan Type: Dental PPO Incentive

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If your child needs dental or eye care	Eye exam	Not covered	Not covered	-----none-----
	Glasses	Not covered	Not covered	-----none-----
	Dental check-up	0-30% coinsurance	0-30% coinsurance	If a non-Delta Dental dentist charges more than the allowed amount, you may have to pay the difference. Coverage is limited to two visits per calendar year.

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Dental Care (Adult)

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Delta Dental of California toll free at 866-499-3001 or on the website: deltadentalins.com or write Delta Dental at P.O. Box 997330, Sacramento, CA 95899-7330, Attention: Customer Service Department, or the Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Dental Questions: Call 866-499-3001 or visit us at deltadentalins.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.ccio.cms.gov or call 1-866-444-EBSA (3272) to request a copy.

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual + Spouse or Domestic Partner/Family | **Plan Type:** Dental PPO Incentive

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-765-6003.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-765-6003.

Dental Questions: Call 866-499-3001 or visit us at deltadentalins.com.

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 1-866-444-EBSA (3272) to request a copy.