

# Keep Smiling

Delta Dental PPO<sup>SM</sup>



## Save with PPO

Visit a dentist in the PPO network to maximize your savings.<sup>1</sup> 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](http://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](http://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).

Save with a PPO dentist



PPO



NON-PPO

## 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](http://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](http://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.



**DENTAL SERVICES  
UCSHIP ACCEPTED  
NOW SCHEDULING  
CALL 310-220-0486**

**LOCATED ON THE SECOND FLOOR  
OF THE ASHE CENTER**

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

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

**Plan Benefit Highlights for:** UC Student Health Insurance Plan (UC SHIP)

**Group No:** 20096 (Graduates)  
20097 (Undergraduates)

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

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26		
<b>Deductibles</b> Deductibles waived for Diagnostic & Preventive (D & P)?	<b>Delta Dental PPO dentists:</b> \$25 per person each plan year		
	<b>Non- Delta Dental PPO dentists:</b> \$50 per person each plan year		
<b>Maximums***</b> D & P counts toward maximum?	Yes		
	<b>Delta Dental PPO dentists:</b> \$1,000 per person each plan year		
<b>Waiting Period(s)</b>	<b>Non- Delta Dental PPO dentists:</b> \$750 per person each plan year		
	Yes		
	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings and x-rays	100 %	80 %
<b>Basic Services</b> Fillings, posterior composites and sealants	80 %	60 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	60 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	60 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	60 %
<b>Night Guard</b>	80 %	60 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70 %	40 %
<b>Prosthodontics</b> Bridges, dentures and implants	70 %	40 %

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* 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.

\*\*\* 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.

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 888-335-8227	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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**[deltadentalins.com/ucship](http://deltadentalins.com/ucship)**

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