Save with PPO
Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account
Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card
You don’t need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they’ll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage
If you’re covered under two plans, ask your dental office to include information about both plans with your claim — we’ll handle the rest.

Understand transition of care
Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan’s effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts
With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at 855-248-2020 and Amplifon at 888-779-1429.

Save with a PPO dentist

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.
² 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.
³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental’s maximum contract allowance.
⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.
⁵ Vision corrective services and Amplifon’s hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.
In this incentive plan, Delta Dental pays 70% of the Premier contract allowance for covered diagnostic, preventive and basic services and 70% of the Premier contract allowance for cast and crown benefits during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if 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%.

### Eligibility
- Primary enrollee, spouse (includes domestic partner) and eligible dependent children until the end of the month dependent turns age 26

### Deductibles
- None

### Maximums
- $1,750 per person each calendar year

### Benefits and Covered Services*

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Delta Dental PPO dentists**</th>
<th>Non-Delta Dental PPO dentists**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive Services (D &amp; P)</strong> Exams, cleanings and x-rays</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Basic Services</strong> Fillings, posterior composites and sealants</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Endodontics</strong> (root canals) Covered Under Basic Services</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Periodontics</strong> (gum treatment) Covered Under Basic Services</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong> Covered Under Basic Services</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Major Services</strong> Crowns, inlays, onlays and cast restorations</td>
<td>70 – 100 %</td>
<td>70 – 100 %</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong> Bridges and dentures</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td><strong>Orthodontic Benefits</strong> Dependent children</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td><strong>Orthodontic Maximums</strong></td>
<td>$1,500 Lifetime</td>
<td>$1,500 Lifetime</td>
</tr>
<tr>
<td><strong>Dental Accident Benefits</strong></td>
<td>100%</td>
<td>(Separate $1,000 maximum per person each calendar year)</td>
</tr>
</tbody>
</table>

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

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

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**Plan Benefit Highlights for:** University of San Francisco  
**Group No:** 02406 – 01003, 01004 & 09103

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**Delta Dental of California**  
560 Mission St., Suite 1300  
San Francisco, CA 94105

**Customer Service**  
866-499-3001

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

**deltadentalins.com**

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.

HLT_PPO_INC_DDC (Rev. 9/28/2020)