DELTA DENTAL PPO®:
YOUR SMILE IS
COVERED

GO PPO!
You can visit any licensed dentist under this plan, but you’ll
maximize plan value by selecting a Delta Dental PPO® dentist.
PPO network dentists have agreed to reduced contracted rates
and can’t “balance bill” you for additional fees.² Find a dentist
at deltadentalins.com.³

NO ID CARD NECESSARY
Just provide your dental office with your name, birth date
and enrollee ID or social security number. Register for Online
Services to print an ID card or pull it up on your smartphone at
the dentist’s office.

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM
› Create a free Online Services account from your PC or
  smartphone to view benefits, eligibility and claims status or
  check average dental costs in your area.
› Update your dental benefit statement delivery preference:
  Go paperless!
› Find a Delta Dental PPO dentist near you.

SAVE WITH A
PPO DENTIST

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION
New to Delta Dental PPO? This plan covers treatment started
and completed after your plan’s effective date of coverage.⁴
If you’re covered under two plans, ask your dentist to include
information about both plans with your claim, and we’ll handle
the rest.

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html
¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.
² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.
³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.
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 will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment 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.

WE KEEP YOU SMILING®
Plan Benefit Highlights for: Saint Mary's College of California
Group No: 03137

| Eligibility | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26 |
| Deductibles | PPO-Dentists: $50 per person / $150 per family each calendar year  
Non-PPO-Dentists: $100 per person / $300 per family each calendar year |
| Deductibles waived for Diagnostics, Preventive and Orthodontics? | Yes |
| Maximums | $2,000 per person each calendar year |
| Waiting Period(s) | Basic Benefits: None  
Major Benefits: None  
Orthodontics: None  
Prosthodontics: None |

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>Delta Dental PPO dentists**</th>
<th>Non-Delta Dental PPO dentists**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services (D &amp; P)</td>
<td>100 %</td>
<td>100 %</td>
</tr>
<tr>
<td>Exams, cleanings and x-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80 %</td>
<td>80 %</td>
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<tr>
<td>Fillings, simple tooth extractions and sealants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endodontics (root canals)</td>
<td>80 %</td>
<td>80 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontics (gum treatment)</td>
<td>80 %</td>
<td>80 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>80 %</td>
<td>80 %</td>
</tr>
<tr>
<td>Covered Under Basic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td>Crowns, inlays, onlays and cast restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td>Bridges, dentures and implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Benefits</td>
<td>50 %</td>
<td>50 %</td>
</tr>
<tr>
<td>Adults and dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Maximums</td>
<td>$1,500 Lifetime</td>
<td>$1,500 Lifetime</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 maximum contract allowances and not necessarily each dentist's submitted fees.
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Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
800-765-6003

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.