

SMALL BUSINESS PROGRAM  
BENEFIT HIGHLIGHTS

EFFECTIVE DATE: 4/1/2016

DELTA DENTAL PPO<sup>SM</sup>

PLAN: PPO 3

GROUP NAME: AYL NETWORKS

GROUP NUMBER: 03292-06051

> ELIGIBILITY: WHO MAY RECEIVE BENEFITS?

- **Primary enrollee and spouse**  
(includes domestic partner)
- **Eligible dependent children to:**  
age 26

> DEDUCTIBLES<sup>1</sup>

\$40/\$120 per person/family each calendar year (inside PPO network)  
\$50/\$150 per person/family each calendar year (outside PPO network)

> WAITING PERIODS

Basic Services: 0 months      Major Services: 0 months  
Orthodontics: 0 months      Other Services: 0 months

> MAXIMUMS

\$2,000 per person each calendar year

BENEFITS AND COVERED SERVICES	PPO dentists <sup>1,2</sup>	Non-Delta Dental PPO dentists <sup>1,2,3</sup>
<b>Diagnostic &amp; Preventive Services (D&amp;P)</b> Exams, cleanings and x-rays Enhanced pregnancy benefit	100%	100%
	Your deductible does not apply to D&P.	
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	80%	80%
<b>Endodontics</b> Root canals	80%	80%
<b>Oral Surgery</b>	80%	80%
<b>Periodontics</b> Gum treatment	80%	80%
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures, implants	50%	50%
<b>Orthodontics</b> For adults and dependent children Lifetime maximum per person	50%	
	\$1,000	
<b>Other:</b>		

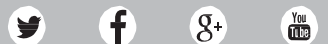
1. Delta Dental Premier® dentists are considered out-of-network dentists.

2. 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.

3. Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

<b>Delta Dental Of California</b> 100 First Street San Francisco, CA 94105	<b>Customer Service</b> 800-765-6003	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
--	---	---

This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description, or Group Dental Service Contract. If you have specific questions regarding the benefits eligibility, limitations, or exclusions of your plan, please consult your company's benefits representative. (rev. 1-1-2016)



WE KEEP YOU SMILING®