

BENEFIT HIGHLIGHTS

EFFECTIVE DATE: 2016/2017

DELTA DENTAL PPOSM

GROUP NAME: UC Student Health Insurance Plan (UC SHIP)

GROUP NUMBER: 04633 (GRADUATES)

05364 (UNDERGRADUATES)

> **ELIGIBILITY: WHO MAY RECEIVE BENEFITS?**

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

> **DEDUCTIBLES** per person
 \$25 each plan year (PPO network)
 \$50 each plan year (outside PPO network)

> **WAITING PERIODS**

Basic Services: none Major Services: none

> **MAXIMUMS*** per person
 \$1,000 each plan year (PPO network)
 \$750 each plan year (outside PPO network)

BENEFITS AND COVERED SERVICES	PPO dentists ^{1,2}	Non-PPO dentists ^{1,2,3}
Diagnostic & Preventive Services (D&P) Exam, cleanings and x-rays	100%	80%
	Deductible doesn't apply to D&P	
	D&P counts towards maximum	
Basic Services Fillings, composites and sealants	80%	60%
Endodontics (Basic) Root canals	80%	60%
Periodontics Gum treatment (Basic)	80%	60%
Oral Surgery (Basic) Includes simple tooth extractions	80%	60%
Major Services Crowns, inlays, onlays and cast restorations	70%	40%
Prosthodontics (Major) Bridges, dentures and implants	70%	40%
Night Guard	80%	60%

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.

*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.

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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.

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