

Plan Benefit Highlights for: Bonita Unified School District
(Active, COBRA and Retirees)

Group No: 07026 - Pending

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partners) and eligible dependent children to the end of the month dependent turns age 26			
Deductibles	None			
Maximums	\$2,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non- Delta Dental PPO dentists **
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings and x-rays	100 %	100 %
Basic Services Fillings, sealants and posterior composites	100 %	100 %
Endodontics (root canals) Covered Under Basic Services	100 %	100 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	100 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	100 %
Prosthodontics Bridges, dentures and implants	70 %	50 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime
Dental Accident Benefits	100 % (separate \$1,000 maximum per person each calendar year)	

* 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 program allowance for non-Delta Dental dentists.

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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.