

**Plan Benefit Highlights for:** Yosemite Community College District  
(Certificated & Management PPO, Classified PPO, Certificated & Management Cobra PPO and Cobra PPO)

**Group No:** 05203 - 02150, 02350, 09150 & 09350

**Effective Date:** 10/1/2014

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS

<b>Eligibility</b>	Primary enrollee, spouse (includes same-sex domestic partner only) and eligible dependent children to the end of the month dependent turns age 26		
<b>Deductibles</b>	Delta Dental PPO Dentists: \$0 per person / \$0 per family each calendar year Non Delta Dental PPO dentists: \$25 per person / \$75 per family each calendar year		
Deductibles waived for D & P?	Delta Dental PPO Dentists: N/A Non Delta Dental PPO dentists: No		
<b>Maximums</b>	Delta Dental PPO Dentists: \$1,500 per person each calendar year Non Delta Dental PPO dentists: \$1,000 per person each calendar year		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, (2) cleanings and x-rays	100 %	50 %
<b>Basic Services</b> Fillings, simple tooth extractions and sealants	100 %	50 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	100 %	50 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	100 %	50 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	50 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	50 %	50 %
<b>Dental Accident Benefits</b>	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.

Delta Dental of California  
100 First St.  
San Francisco, CA 94105

**Customer Service**  
866-499-3001

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

[deltadentalins.com](http://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.