

**Plan Benefit Highlights for:** Fallbrook Union Elementary School District  
(Active, Retiree & COBRA)

**Group No:** 07128 – 08018, 08020 & 08021

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	None			
<b>Maximums</b>	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics 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, (4) cleanings and x-rays	70 - 100 %	70 - 100 %
<b>Basic Services</b> Fillings, posterior composites and sealants	70 - 100 %	70 - 100 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Oral Surgery</b> Covered Under Basic Services	70 - 100 %	70 - 100 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70 - 100 %	70 - 100 %
<b>Prosthodontics</b> Bridges, dentures and implants	60 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$2,000 Lifetime	\$2,000 Lifetime
<b>Night Guard Benefits</b>	100 %	100 %
<b>Night Guard Maximums</b>	\$500 Lifetime	\$500 Lifetime

\* 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 the program allowance for non-Delta Dental dentists.

**Delta Dental of California**  
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**Customer Service**  
866-499-3001

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

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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.

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**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**