



Preferred Provider Program

ABOUT DPO

The DeltaPreferred Option (DPO) plan allows you to:

- ◆ Save on out-of-pocket expense when you visit a DPO network dental office
- ◆ Visit any licensed dentist of your choice — select a different dentist for each member of your family
- ◆ Change dentists at any time
- ◆ Go to a dental specialist of your choice
- ◆ Receive dental care anywhere in the world

Under the DPO plan, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the program when you choose one of the more than 10,000 in-network dental offices throughout California.

If you choose an out-of-network dentist, you will benefit by selecting a Delta dentist. More than 18,000 dentists in California are Delta dentists, including DPO dentists. Delta dentists agree to abide by Delta’s fee and quality guidelines.

IN-NETWORK	OUT-OF-NETWORK	
DPO DENTISTS	NON-DPO DELTA DENTISTS	NON-DELTA DENTISTS
Your out-of-pocket expense will probably be less because DPO dentists have agreed to charge DPO patients reduced fees.	You will be charged no more than the fees approved by Delta.	You will be responsible for the difference if your dentist charges more than Delta’s approved fees.
Claim forms will be completed and submitted for you at no charge.	Claim forms will be completed and submitted for you at no charge.	You may have to complete and submit your own claim forms or pay a service fee.
You may be charged only the patient share* at the time of treatment, not Delta’s portion.	You may be charged only the patient share* at the time of treatment, not Delta’s portion.	You may have to pay the entire amount in advance and wait for reimbursement.

*“Patient share” is the copayment, applicable deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage. Some examples of services not covered are cosmetic dentistry, experimental procedures and services to correct congenital malformations.

DPO Is Easy To Use

DPO is Delta’s preferred provider plan. The plan provides the maximum benefit when you visit a DPO dentist. DPO dentists are Delta dentists who have agreed to charge DPO patients reduced fees. Delta endodontists, oral surgeons and periodontists are not DPO dentists, but you also receive in-network benefits when visiting one of these Delta specialists.

To use your DPO plan, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist your group number, which is at the top of this page, and the primary enrollee’s social security number. When you call a DPO dentist for an appointment, please confirm that the dentist participates in the DPO network.

For a list of DPO or Delta dentists in your area, search the dentist directory on our web site at www.deltadentalca.org or call our toll-free automated telephone service at (800) 4-AREA-DR (800-427-3237). You can also check with your benefits administrator, who has a complete list of DPO and Delta dentists.

You can also view your eligibility and benefits information on our web site, including remaining deductible and maximum amounts for you and your family. Or, you can have the information faxed to you by calling toll-free (888) DELTA-CS (888-335-8227).

Delta Dental Plan of California offers you what no other dental plan can — The Delta Difference®. Here’s what makes us unique:

- ◆ *We prenegotiate dentists’ fees.* Delta dentists agree to charge you the lowest fees usually charged in their office.
- ◆ *Copayments are guaranteed.* Delta dentists may charge you only what Delta determines to be your share of the treatment cost.
- ◆ *We require professional treatment standards.* Delta dentists must meet professional standards for hygiene, radiation safety and other areas related to quality care.

These are just a few of the reasons that *one in three Californians* count on Delta for dental care benefits.

PRINCIPAL BENEFITS AND COVERED SERVICES*

WHEN TREATMENT IS PROVIDED BY...	A DPO IN-NETWORK DENTIST**	AN OUT-OF-NETWORK DENTIST
WHO’S COVERED	Primary enrollee and spouse as well as dependent children to age 19 and full-time students to age 25	Primary enrollee and spouse as well as dependent children to age 19 and full-time students to age 25
DEDUCTIBLES AND BENEFITS MAXIMUM	\$50 per person, \$150 per family per calendar year. The maximum benefit paid per calendar year is \$1,500 per person.	\$50 per person, \$150 per family per calendar year. The maximum benefit paid per calendar year is \$1,500 per person.
DIAGNOSTIC AND PREVENTIVE BENEFITS* — oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	100% of DPO approved fee (no deductible applies for these services)	80% of Delta approved fee (no deductible applies for these services)
BASIC BENEFITS* — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	80% of DPO approved fee	80% of Delta approved fee
CROWNS, JACKETS AND OTHER CAST RESTORATIONS*	50% of DPO approved fee	50% of Delta approved fee
PROSTHODONTIC BENEFITS* — bridges, partial dentures, full dentures	50% of DPO approved fee (denture subject to a maximum allowance)	50% of Delta approved fee (denture subject to a maximum allowance)
IMPLANT BENEFITS*	50% of DPO approved fee (subject to a \$1,500 lifetime maximum per person)	50% of Delta approved fee (subject to a \$1,500 lifetime maximum per person)

**Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements.*

***Delta endodontists, oral surgeons and periodontists are not DPO dentists, but you receive in-network benefits when visiting one of these specialists.*

SERVICES THAT ARE NOT COVERED

Although your plan covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your plan, check with Delta before proceeding.

The following are *not* covered by the plan:

- ◆ Services for injuries or conditions covered under Workers’ Compensation or Employer’s Liability Laws
- ◆ Cosmetic surgery or dentistry or services to correct congenital malformation
- ◆ Experimental procedures
- ◆ Therapeutic drugs, premedication or pain relievers
- ◆ Hospital costs or extra charges for hospital treatment
- ◆ Anesthesia (except for general anesthesia for oral surgery)
- ◆ Extra-oral grafts
- ◆ Treatment related to the temporomandibular joint (TMJ)
- ◆ Orthodontic treatment

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as an Evidence of Coverage for the plan.

This DeltaPreferred Option plan is administered by Delta Dental Plan of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact Delta’s Customer and Member Service department.



Delta Dental Plan of California

For customer service:
(800) 765-6003 or cms@delta.org

For automated or faxed eligibility/benefits information:
(888) DELTA-CS (888-335-8227)

For online eligibility/benefits information:
www.deltadentalca.org

For a list of Delta dentists:
(800) 4-AREA-DR (800-427-3237) or
www.deltadentalca.org