



# Keep smiling

## Delta Dental PPO™

### Save with PPO

Visit a dentist in the PPO network to maximize your savings.<sup>1</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>2</sup> Find a PPO dentist at [deltadentalins.com/ccsf](http://deltadentalins.com/ccsf).

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com/ccsf](http://deltadentalins.com/ccsf).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>3</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care,<sup>4</sup> you can save as much as 35% on LASIK procedures and 66% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

## Save with a PPO dentist



**PPO**



**Premier**



**Non-PPO**

<sup>1</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>2</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

<sup>3</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>4</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Benefit highlights

## Delta Dental PPO™

For: **San Francisco Health Service System (Retirees)**  
 Group No: **01673**  
 Effective date: **1/1/2023**

<b>Eligibility</b>	Primary enrollee, spouse (or domestic partner) and eligible dependent children to the end of the month that dependent turns age <b>26</b>		
<b>Deductibles</b> Deductibles waived for diagnostic & preventive (D&P) services	Delta Dental PPO dentists: <b>None</b> Delta Dental Premier and non-Delta Dental PPO dentists: <b>\$50 per person each calendar year</b> <b>\$100 per family each calendar year</b>		
<b>Maximum</b> Diagnostic & preventive (D&P) services do not count toward maximum.	<b>\$1,250 per person each calendar year</b>		
<b>Waiting periods</b>	Basic services <b>None</b>	Major services <b>None</b>	Prosthodontics <b>None</b>

<b>Benefits and covered services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Delta Dental Premier dentists**</b>	<b>Non-Delta Dental dentists**</b>
<b>Diagnostic &amp; preventive services (D&amp;P)</b> Exams, cleanings and x-rays	<b>100%</b>	<b>100%</b>	<b>80%</b>
<b>Basic services</b> Fillings, posterior composites and sealants	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontics</b> (gum treatment)	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Oral surgery</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontics</b> (root canals)	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Major services</b> Crowns, inlays, onlays and cast restorations	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthodontics</b> Bridges, dentures and implants	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Night guards</b> <i>Limited to one within a 3-year period</i>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Nitrous oxide</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Non-IV sedation</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>

### SmileWay® Wellness Benefits\*\*\*

Your dental plan offers expanded coverage if you or a covered family member has been diagnosed with amyotrophic lateral sclerosis (ALS), cancer, chronic kidney disease, diabetes, heart disease, HIV/AIDS, Huntington's disease, joint replacement, lupus, opioid misuse and addiction, Parkinson's disease, rheumatoid arthritis, Sjögren's syndrome or stroke.

Here's how opting in can help you:

- 100% coverage for one periodontal scaling and root planing procedure per quadrant every year
- 100% coverage for four of the following (any combination) every year: teeth cleaning, periodontal maintenance procedure, scaling in presence of moderate or severe gingival inflammation

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual 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.

\*\*\* SmileWay Wellness Benefits are not subject to the Benefit Year Deductibles or Maximums. The terms and conditions outlined in the Evidence of coverage apply.

**Delta Dental of California**  
 560 Mission Street, Suite 1300  
 San Francisco, CA 94105

**Customer Service**  
 888-335-8227

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

**deltadentalins.com/ccsf**

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.