Keep Smiling Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at **deltadentalins.com**.

If you can't find a PPO dentist, consider a Delta Dental Premier[®] dentist. These dentists have agreed to set fees and offer another opportunity to save.

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**.

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 to provide 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.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁴, you can save as much as 50% on LASIK procedures and more than 60% 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



¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² 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.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-ofnetwork dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance

⁴ 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: Alameda County Employees Retirement Association-ACERA Group No: 00703 Effective Date: 2/1/2021

Eligibility	Primary enrollee, spouse (or domestic partner) and eligible dependent children to the end of the month that dependent turns age 26						
Deductibles	Delta Dental PPO dentists: Delta Dental Premier dentists: Non-Delta Dental PPO dentists:			None \$50 per person/\$150 per family \$50 per person/\$150 per family			
	Deductibles waived for Diagnostic			: & Preventive (D&P) Services			
Maximum	Delta Dental PPO dentists: Delta Dental Premier dentists: Non-Delta Dental PPO dentists:			\$1,300 per person each plan year \$1,000 per person each plan year \$1,000 per person each plan year			
	Diagnostic & Prev	naximum					
Waiting Periods	Basic Services None	Majo	or Services None	Prosthodo None	ntics	Orthodontics None	
Benefits and Covered Services*				elta Dental ier dentists**		Non-Delta Dental dentists**	
Diagnostic & Preventive Services (D&P) Exams, cleanings and x-rays	100%		100%		100%		
Basic Services Fillings, posterior composites, sealants, gum treatment, root canals and oral surgery	80%		70%		70%		
Major Services Crowns and cast restorations	60%		60%		50%		
Inlays and Onlays	60%		50%		50%		
Prosthodontics Bridges, dentures and implants	60%		50%		50%		
Temporomandibular Joint (TMJ)	50%		50%		50%		
Temporomandibular Joint (TMJ) Maximums	\$500 Lifetime		\$500 Lifetime		\$500 Lifetime		
Orthodontic Adults and dependent children	0%		0%		0%		

SmileWay Wellness Benefits***

Your dental plan offers expanded coverage if you have been diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis 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.

** Reimbursemenits 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 subject to the annual maximum and to the terms and conditions outlined in the Evidence of Coverage.

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

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.