DELTA DENTAL®

Santa Ana Unified School District Effective July 1, 2020 Dental PPO Incentive Plan

Summary of Benefits

Santa Ana Unified School District Delta Dental of California **Incentive DPPO** for **All Personnel**

This is only a summary. If you would like more information about your coverage and costs, you get the complete terms in the policy or plan document at www.deltadentalins.com or by calling 866-499-3001. Note: The Uniform Glossary can be accessed at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov.

Provider Network

This plan uses a network of care providers called preferred providers and premier providers. Subscribers receive the most coverage when they visit a preferred provider. Please review your Evidence of Coverage for details about how to access care under this Plan. You can find participating providers in this network at www.deltadentalins.com.

Important Questions	Answers	Why This Matters
What is the overall **deductible**?	$0	See the chart starting on Page 3 for your costs for services this plan covers.
Are there other **deductibles** for specific services?	Yes, for Dental Services other than Diagnostic and Preventative services. In-Network: $0 Out-of-Network: $25 per Individual each calendar year. $0 for Orthodontia Services.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an **out-of-pocket limit** on my expenses?	No.	There is no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the **out-of-pocket limit**?	This plan has no **out-of-pocket limit**.	Not applicable because there is no **out-of-pocket limit** on your expenses.

Dental Questions: Call 866-499-3001 or visit www.dentaldentalins.com

If you are not clear about any of the bolded terms used in this form, see the Glossary. You can view the glossary at www.dol.gov/ebsa/healthreform and www.cciio.cms.gov or call 866-444-EBSA (3272) to request a copy.

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Important Questions	Answers	Why This Matters
Is there an overall annual limit on what the plan pays?	Yes, for dental services. In-Network (preferred provider): $2,000 per person each calendar year. Out-of-Network (premier provider): $1,500 per person each calendar year.	This plan will pay for covered services up to this limit during each coverage period, even if your own need is greater. You are responsible for all expenses above this limit. The chart starting on Page 3 describes *specific* coverage limits, such as limits on the number of office visits.
Does this plan use a **network** of **providers**?	Yes. For a list of **Delta Dental Dentist**, see www.deltadentalins.com or call **866-499-3001**.	If you use an in-network dentists or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network dentist may use an out-of-network **provider** for some services. Please use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on Page 3 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No, for dental services.	You can see the dental specialist you choose without permission from this plan.
Are there services this plan does not cover?	Yes.	Some of the services this plan does not cover are listed on Page 3. See your policy of plan document for additional information about **excluded services**.

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Common Medical Event	Services You May Need	Your Cost If You Use An In-Network Preferred Provider	Your Cost If You Use An Out-of-Network Premier Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye Exam	Not Covered	Not Covered	----------none----------
	Glasses	Not Covered	Not Covered	----------none----------
	Dental Check-Up	0-30% Coinsurance	0-30% Coinsurance	If a non-Delta Dental dentist charges more than the allowed amount, you may have to pay the difference. Coverage is limited to two visits per year.

Other Covered Services

This is not a complete list. Check your policy or plan document for other covered services and your costs for these services.

- Dental Care (Adult)

Your Grievance and Appeals Rights

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, of assistance, you can contact: Delta Dental of California toll free at 866-499-3001 or on the website: www.deltadentalins.com or write Delta Dental at P.O. Box 997330, Sacramento, CA 95899-7330, Attention: Customer Service Department, or the Department of Labor Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

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