**DELTA DENTAL PPO**

**GROUP NAME:** UC Student Health Insurance Plan (UC SHIP)

**GROUP NUMBER:**
- 04633 (GRADUATES)
- 05364 (UNDERGRADUATES)

**ELIGIBILITY:**
- Primary enrollee and spouse
  - (includes domestic partner)
- Eligible dependent children to:
  - End of month dependent turns age 26

**DEDUCTIBLES**
- per person
  - $25 each plan year (PPO network)
  - $50 each plan year (outside PPO network)

**MAXIMUMS**
- per person
  - $1,000 each plan year (PPO network)
  - $750 each plan year (outside PPO network)

**WAITING PERIODS**
- Basic Services: none
- Major Services: none

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**BENEFITS AND COVERED SERVICES**

<table>
<thead>
<tr>
<th>Diagnostic &amp; Preventive Services (D&amp;P)</th>
<th>PPO dentists(^1,2)</th>
<th>Non-PPO dentists(^2,3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam, cleanings and x-rays</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

- **Deductible doesn't apply to D&P**
- **D&P counts towards maximum**

| Basic Services                            | 80%                  | 60%                     |
| Fillings, composites and sealants         |                      |                         |

| Endodontics (Basic)                       | 80%                  | 60%                     |
| Root canals                               |                      |                         |

| Periodontics (Basic)                      | 80%                  | 60%                     |
| Gum treatment                             |                      |                         |

| Oral Surgery (Basic)                      | 80%                  | 60%                     |
| Includes simple tooth extractions         |                      |                         |

| Major Services                            | 70%                  | 40%                     |
| Crowns, inlays, onlays and cast restorations |                  |                         |

| Prosthodontics (Major)                    | 70%                  | 40%                     |
| Bridges, dentures and implants            |                      |                         |

| Night Guard                               | 80%                  | 60%                     |

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\(^1\) Delta Dental Premier® dentists are considered out-of-network dentists.

\(^2\) 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.

\(^3\) Non-Delta Dental dentists may balance bill the difference between the contracted rate and their usual fee for services.

*The maximum amount for in and out-of-network services are combined; no member will have more than $1,000 in benefits per plan year.

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**Delta Dental of California**

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**Customer Service**
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800-765-6003

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

This benefit information is not intended to replace or serve as the plan's Evidence of Coverage, Summary Plan Description or Group Dental Service Contract. If you have specific questions regarding the benefits eligibility, limitations or exclusions of your plan, please consult your company's benefits representative.

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www.deltadentalins.com/ucship

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