

<b>Plan Benefit Highlights for:</b>	San Mateo County Schools Insurance Group – Plan L
<b>District:</b>	
<b>Group No:</b> 15997-01200	<b>Effective Date:</b> 1/1/2013

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
<b>Deductibles</b>	No Deductibles		
<b>Maximums</b>	The maximum benefit paid per calendar year is \$3,200 per person in-network The maximum benefit paid per calendar year is \$3,000 per person out-of-network		
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Orthodontics None

<b>Benefits and Covered Services</b>	<b>In-PPO Network**</b>	<b>Out-of-PPO Network**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, (3) three cleanings, x-rays	100 %	70-100 %
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	100 %	70-100 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	100 %	70-100 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	100 %	70-100 %
<b>Oral Surgery</b> Covered Under Basic Services	100 %	70-100 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	100 %	70-100 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	Separate \$1,000 Lifetime maximum per person	
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)	

- \* 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 in-network dentists and program allowance for out-of-network dentists.

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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.

Delta Dental PPO<sup>SM</sup>  
Benefit Highlights