

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: University of Southern California

Group No: 03378 - 02003

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	USC School/Faculty dentists: \$50 per person / \$150 per family each calendar year Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year Delta Dental Premier dentists: \$75 per person / \$225 per family each calendar year Non-Delta Dental dentists: \$75 per person / \$225 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P)?	USC School/Faculty dentists: Yes Delta Dental PPO dentists: Yes Delta Dental Premier dentists: Yes Non-Delta Dental dentists: No			
Deductibles waived for Orthodontics?	Yes			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	USC School/Faculty dentists	In-PPO Network	Out-of-PPO Network	
		Delta Dental PPO dentists[†]	Delta Dental Premier dentists[†]	Non-Delta Dental dentists[†]
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	90 %	80 %	80 %
Basic Services Fillings posterior composites and sealants	100 %	80 %	70 %	70 %
Endodontics (root canals) Covered Under Basic Services	100 %	80 %	70 %	70 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	80 %	70 %	70 %
Oral Surgery Covered Under Basic Services	100 %	80 %	70 %	70 %
Major Services Crowns, onlays and cast restorations	100 %	60 %	50 %	50 %
Prosthodontics Bridges and dentures	100 %	60 %	50 %	50 %
Implant Benefits	50 % (Separate \$1,500 calendar year maximum per person)			
Orthodontic Benefits Adults and dependent children	50 %			
Orthodontic Maximums	\$1,500 Lifetime			

* 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.

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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.

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