



A REGISTERED MARK OF DELTADENTAL PLANS ASSOCIATIO

# Keep Smiling



#### Save with PPO

Visit a participating provider in the Stanford Health Care Advantage network to control your costs. You won't get charged more than your expected share of the bill.<sup>1</sup> Find a participating provider at www.deltadentalins.com/shcadvantage.<sup>2</sup>

## Set up an online account

Get information about your plan anytime, anywhere by signing up for an Online Services account at **deltadentalins.com**. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

#### 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. If your family members are covered under your plan, they will need your information. Prefer to take a paper or electronic ID

card with you? Simply sign in to Online Services, where you can view or print your card with the click of a button.

#### Understand transition of care

Did you start on a dental treatment plan before your Stanford Health Care Advantage coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.<sup>3</sup> You can find this date by logging in to Online Services.

#### Newly covered?

Visit

www.deltadentalins.com/shcadvantage.

Delta Dental is a registered mark of Delta Dental Plans Association.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan at deltadentalins. com/about/legal/index-enrollee.html.

<sup>&</sup>lt;sup>1</sup> You are only responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<sup>&</sup>lt;sup>2</sup> We recommend verifying before each appointment that your dentist is a PPO participating provider dentist.

<sup>&</sup>lt;sup>3</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Plan limitations and exclusions may apply. Review your Evidence of Coverage for specific details about your plan coverage.



Effective Date: January 1, 2018

Group Number: 18427

# Stanford Health Care Advantage Dental Network by Delta Dental of California

DEDUCTIBLES	Stanford Health Care Advantage participating providers	PPO & Premier Dentists and Non-Delta Dental Dentists
	None	\$100 per person each calendar year
Deductible	Deductible does not apply to Diagnostic and Preventive Services	

MAXIMUMS	
Annual Maximum	\$1,000 per enrollee each calendar year

BENEFITS AND COVERED SERVICES	Stanford Health Care Advantage participating providers	PPO & Premier Dentists <sup>2,3</sup> and Non-Delta Dental Dentists <sup>2,3</sup>
Diagnostic and Preventive Services Exams, cleanings and x-rays	90%	80%
Basic Services Fillings and sealants	50%	50%
Endodontics Root Canals	50%	50%
Periodontics Gum treatment	50%	50%
Oral Surgery	50%	50%
Major Services Crowns, inlays, onlays and cast restorations	40%	40%
Prosthodontics Bridges and dentures	40%	40%

### NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

An Delta Dental Evidence of Coverage will be sent to you upon enrollment. If you wish to review a the Evidence of Coverage prior to enrollment, you may request a copy by calling Stanford Health Care Advantage Member Services at 1-855-996-8422 (TTY/TDD users call 711).

Stanford Health Care Advantage is an HMO with a Medicare contract. Enrollment in Stanford Health Care Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. This information is available for free in other languages. Please call our Member Services at 1-855-996-8422 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday through Friday (except holidays) from February 15 through September 30. TTY users should call 711.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY: 711)

- <sup>1</sup> You are only responsible for the applicable coinsurance, as well as amounts over the plan maximum and charges for non-covered services. participating providers are listed in Delta Dental's website directory.
- <sup>2</sup> Non-participating providers consist of Non-Delta Dental dentists, as well as Delta Dental PPO<sup>SM</sup> and Delta Dental Premier® dentists who are not participating providers for this plan. Premier dentists can balance bill up to their Premier dentist contracted fee.
- <sup>3</sup> Non-Delta Dental dentists can balance bill you up to their submitted fee.

**Delta Dental of California** 100 First Street San Francisco, CA 94105

**Delta Dental Customer Service** 877-530-3504

Claims Address
Delta Dental of California
P.O. Box 997330
Sacramento, CA 95899-7330