



Your plan options:

Delta Dental PPOTM

DeltaCare® USA





Compare your options

PPO

- Visit any dentist, but save money by staying in network
- Pay amount (%) not covered by plan
- Deductibles and maximums may apply

DeltaCare USA

- Choose a primary care dentist from the DeltaCare USA network
- Pay set copayment (\$) for the procedure
- No deductibles or maximums





△ DELTA DENTAL°

PPO option

Overview

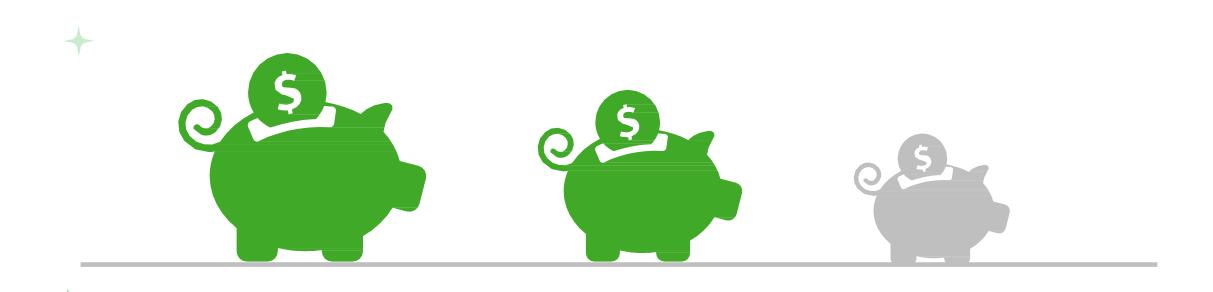




Choose a PPO dentist to save

Delta Dental

PPO



Delta Dental

Premier®

△ DELTA DENTAL

Non—Delta Dental



Find a PPO dentist

Q deltadentalins.com

- 1. Go to **deltadentalins.com/llns**
- 2. Enter your location.
- 3. Select **Delta Dental PPO** as your network.
- 4. Click Find a dentist.





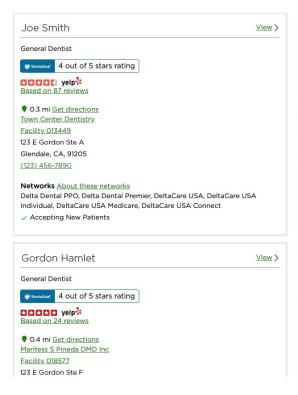


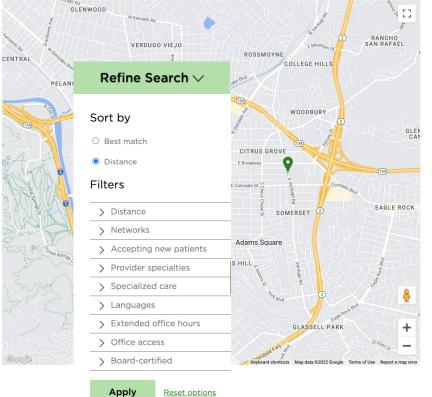
Find a PPO dentist



Click **Refine search** to adjust the distance of the search or filter by specialty or language.













Maximums and deductibles



- An annual maximum is the total your plan pays for covered services each year
- A deductible is the amount you pay out of pocket before your plan begins to cover services
- A lifetime orthodontic maximum is the total your plan pays for orthodontic treatment









For coverage details, see your benefit highlights sheet.

Benefit Highlights: Delta Dental PPO

Plan Benefit Highlights for: Lawrence Livermore National Security, LLC

Group No: 03221 Effective Date: 1/1/2024

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$50 per person each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P), Sealants and Orthodontics?	Yes			
Maximums	Delta Dental PPO dentists:			
	\$1,700 per person each calendar year			
	Non-Delta Dental PPO dentists:			
	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics
	None	None	None	None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100%	100%
Sealants	80%	75%
Basic Services Fillings and posterior composites	80%	75%
Endodontics (root canals) Covered Under Basic Services	80%	75%
Periodontics (gum treatment) Covered Under Basic Services	80%	75%
Oral Surgery Covered Under Basic Services	80%	75%
Major Services Crowns, onlays, cast restorations and TMJ	50%	50%
Temporomandibular Joint (TMJ) Maximums	\$500 Lifetime	\$500 Lifetime
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted 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.

Delta Dental of California	Customer Service	Claims Address
560 Mission St., Suite 1300	888-335-8227	P.O. Box 997330
San Francisco, CA 94105		Sacramento, CA 95899-7330





Where's my ID card?

You don't need one!

Just tell your dentist you're covered by Delta Dental and provide:

- Your name
- Your date of birth
- Your enrollee ID number
- Your employer or group name







Pre-treatment estimate

Recommended for dental work over \$300





Your dentist submits treatment plan



Delta Dental sends you and dentist an estimate of how much would be covered









A DELTA DENTAL®

DeltaCare USA option

Overview





Save with DeltaCare USA



- Set copayments
- No maximums or deductibles





Emergency and specialty care





- Coverage for emergency care
- Referrals to specialists arranged by your primary care dentist





Find a DeltaCare USA dentist

Q deltadentalins.com

- 1. Go to **deltadentalins.com/llns**
- 2. Enter your location.
- 3. Select **DeltaCare USA** as your network.
- 4. Click Find a dentist.







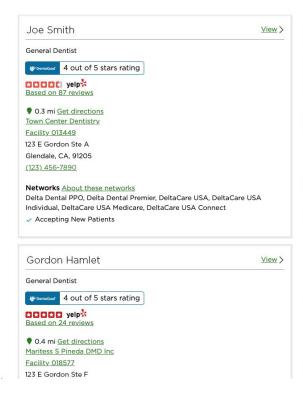


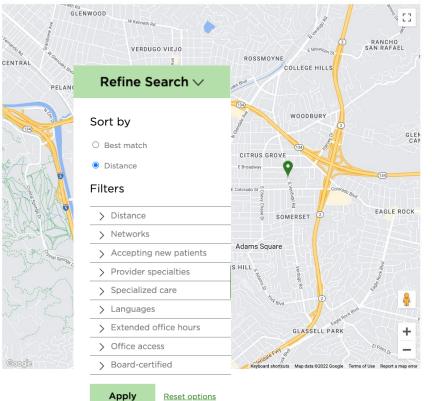
Find a DeltaCare USA dentist



Click **Refine search** to adjust the distance of the search or filter by specialty or language.









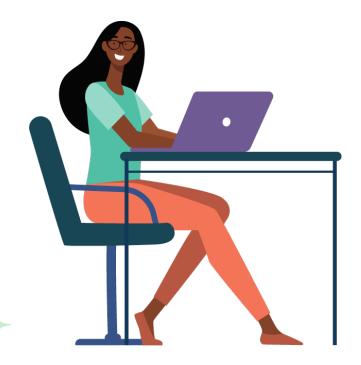






Find a DeltaCare USA dentist

Select your dentist online or by phone.



	Enter ZIP code
	Ex. 94110
\bigcirc	Select a facility by entering the Facility ID
	Enter 6-digit Facility ID
	Ex. 123456
O Ac	Automatically assign a facility based on where you live
You	have the option to select the same facility for dependents. This action will change their rent facility if they already have one.
	Riley Parker
	Quin Parker







For a full list of procedures, see your plan booklet.

Plan CA10I DeltaCare USA

Description of Benefits and Copayments

ENROLLEE

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as needed and deemed necessary by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2023, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	PAYS
D0100	-D0999 I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
	Limited oral evaluation - problem focused	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
	Comprehensive oral evaluation - new or established patient	
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - comprehensive series of radiographic images - limited to 1 series every 24 months	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and	
	detector	
	Extraoral posterior dental radiographic image	
	Bitewing - single radiographic image	
D0272	Bitewings - two radiographic images	No Cost
	Bitewings three radiographic images	
	Bitewings - four radiographic images - limited to 1 series every 6 months	
	Vertical bitewings - 7 to 8 radiographic images	
	Panoramic radiographic image	
	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	
	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$110.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with	
	or without cranium	
	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$150.00
	Collection of microorganisms for culture and sensitivity	
	Assessment of salivary flow by measurement - 1 every 12 months	
	Caries susceptibility tests	
	Pulp vitality tests	
	Diagnostic casts	
	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D04/3	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
DO 474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins	NO COST
D04/4	for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - 1 every 12 months	
	Caries risk assessment and documentation, with a finding of moderate risk - 1 every 12 months	
	Caries risk assessment and documentation, with a finding of high risk - 1 every 12 months	
	Panoramic radiographic image - image capture only	
		CA10I - V23





Member perks

Extra features, exceptional outcomes



Virtual dentistry

Remote consultations with a dentist

BrushSmart™

Savings on home oral health care products

Hearing aids and LASIK

Discounts through Amplifon and QualSight

LifePerks

Discounts on products, services, memberships and more

Wellness resources

Online articles, recipes, videos and more



Members can learn more at

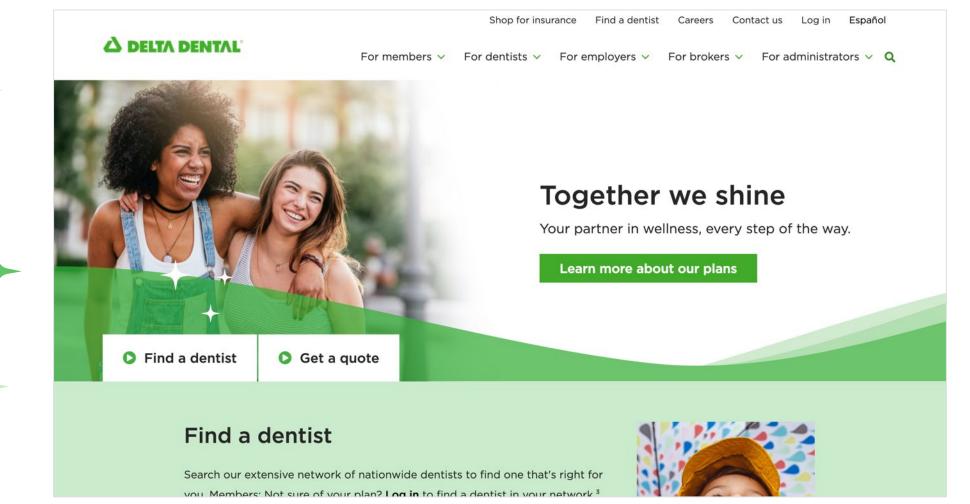
www1.deltadentalins.com/memberper's





Sign up for an online account

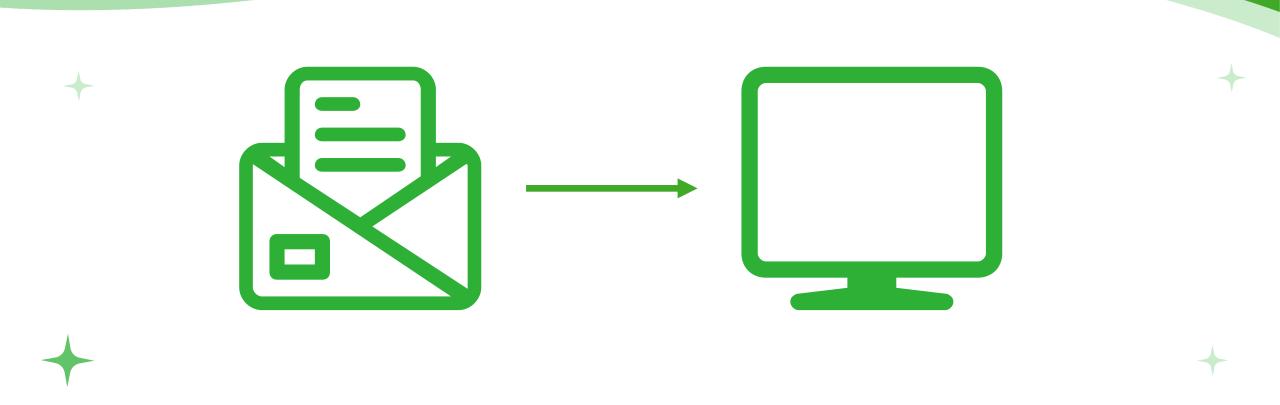
Register at deltadentalins.com/llns







Go paperless







Boost your wellness IQ

deltadentalins.com/wellness

- Articles
- Recipes
- Videos
- Free wellness e-magazine
- Risk assessment

Shop for insurance Find a dentist Careers Contact us Log in Español A DELTA DENTAL For dentists v For employers v For brokers v For administrators v Q



Healthy mouth, healthy you

Get all the tips you need to keep your teeth and body healthy with preventive care articles, guizzes and more.

Protect your teeth



Your onestop shop for wellness

Read all the articles



Kids and teens

Find fun activities, articles, guizzes and more for the kids in your life.



Healthy aging

How to protect your dental health as you get older.



Nutrition

Discover dentist-approved recipes and healthy eating tips for the whole family.





Contact Delta Dental of California

PPO: 888-335-8227

Monday through Friday, 8 am – 8 pm PST Automated telephone system: 24/7

DeltaCare USA: 800-422-4234

Monday through Friday, 5 am – 6 pm PST Automated telephone system: 24/7







Together we shine.











DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.



