# Premier Plan 1500 with Orthodontia

Calendar Ye	ear Deductible (No deductible for	items covered at 100%)	\$50.00
Diagnostic a	and Preventive Services (freque Emergency treatment for relief of p Routine Exams, Cleaning Bitewing X-rays, Full Mouth X-rays Fluoride Treatment Space Maintainers	bain	100%
Basic Dental Services Restorative – Amalgam or Synthetic Fillings Sealants (frequencies shown below) Oral Surgery Extractions, Impacted Teeth, Cysts and Neoplasms			80%
	Alveolar/Gingival Reconstructions	s and Neoplasms	
Period	lontics		
	Includes treatment for diseases of	the gums	
Endoc	lontics Root Canals and Pulpal Therapy		
Resto	<b>I Services</b> bject to a 12-month waiting period, waived if NW is in the pla rative – Crowns, Inlays, Onlays and nodontics – Dentures, Partials and	d Cast restorations	50%
	<b>Benefit</b> month waiting period, waived if NW is after Ortho in the plan hodontist. Maximum lifetime benefi		50%
Calendar Ye	ear Maximum Benefit per indiv	idual	\$1500
Frequencies	Examinations	2 in a calendar year	
	Bitewing X-rays	2 in a calendar year (for children to age 18)	
		1 in a calendar year (for adults)	
	Full Mouth X-rays	1 in 5 years	
	Cleanings	2 in a calendar year (includes perio cleaning)	
	Sealants	On permanent 1 <sup>st</sup> molars through age 8 On permanent 2 <sup>nd</sup> molars through age 15 Repair or replacement of sealant within 2 years is included in the fee for the sealant.	

A more comprehensive description of the benefits and limitations referred to on this page will be found in the Certificate of Insurance which is available for download at 'My Benefits' on www.DVINS.com.

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist and more. This document is not a guarantee of covered benefits, services or payments.

## DeltaPremier is easy to use

Employees can utilize any provider they wish. **If you are able to use a Delta Dental PPO provider for dental services**, you will have the deductible waived and you can take advantage of the savings from the deeper PPO discounted fees. This means a lower out of pocket cost for your dental services. Search for Delta Dental PPO providers to take advantage of the savings provided by going to a Delta Dental PPO provider.

Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. The plan provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network. Delta Dental PPO dentists are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are reimbursed at the lesser of the submitted charge or the PPO remier provider's contracted fee. Non-contracted dentists are reimbursed at the lesser of the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

To use the program, just call the dental office of your choice and make an appointment. During your first appointment, give your dentist the primary enrollee's social security number or Alternative ID shown on your wallet card. If you wish to obtain a list of Delta Premier Dentists in your area, please search on line at www.deltadentalins.com or call 800-427-3237.

### Understand Transition of Care

Did you start on a dental treatment plan before your coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage. Enrollees currently undergoing active orthodontic treatment are eligible to continue treatment under this plan subject to the waiting period.

#### Services that are not covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding.

The following are not covered by the program:

- > Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- > Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

#### Claims Administration by Delta Dental Plan of California

Web Site: www.deltadentalins.com PO Box 997330 Sacramento CA 95899 Toll free Phone number: 800-765-6003

## Premium Administration by: Wolfpack Insurance Services, Inc.

Web Site: www.DVINS.com

P.O. Box 156, Belmont CA 94002 Toll free Phone number: (800) 296-0192