

Delta Dental Premier Plan 2000 with D&P Max Waiver

Calendar Year Deductible (No deductible for items covered at 100%) **\$25.00**

Diagnostic Preventive and Services (frequencies shown below) **100%**

- Emergency treatment for relief of pain
- Routine Exams, Cleaning
- Bitewing X-rays, Full Mouth X-rays
- Fluoride Treatment
- Space Maintainers

Basic Dental Services **80%**

- Restorative – Amalgam or Synthetic Fillings
- Sealants (frequencies shown below)
- Oral Surgery**
 - Extractions, Impacted Teeth, Cysts and Neoplasms
 - Alveolar/Gingival Reconstructions
- Periodontics**
 - Includes treatment for diseases of the gums
- Endodontics**
 - Root Canals and Pulpal Therapy

Major Dental Services **50%**

- (May be subject to a 12-month waiting period, waived if NW is in the plan name on your wallet card)
- Restorative** – Crowns, Inlays, Onlays and Cast restorations
 - Prosthodontics** – Dentures, Partials and Implants

Calendar Year Maximum Benefit per individual **\$2000**

(Diagnostic and Preventive services do not count toward the Calendar Year Maximum)

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 st molars through age 8 On permanent 2 nd 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

This DeltaPremier plan is a managed fee-for-service program with freedom to choose any dentist. Under the DeltaPremier program, you may visit any licensed dentist you wish. With a DeltaPremier Dentist your fees have been certified by Delta as usual, customary and reasonable. You are only responsible for the patient share (defined below).

The program pays a percentage for covered services; you may be charged only what Delta determines is the 'patient share.' Patient Share is the copayment, any deductible and any amount over the annual maximum. Some services may not be covered; please refer to your Evidence of Coverage.

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.

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.

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.

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

Serviced by: **DentalandVisionIns.com**

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