

# Delta Dental Plan 1500 with Orthodontia

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|---|--|
| <b>Calendar Year Deductible</b> (No deductible for items covered at 100%) | <b>\$50.00</b>   |
| <b>Preventive and Diagnostic Services</b> (frequencies shown below)       | <b>100%</b>  |
| Emergency treatment for relief of pain                                    |  |
| Routine Exams, Cleaning   |  |
| Bitewing X-rays, Full Mouth X-rays  |  |
| Fluoride Treatment  |  |
| Space Maintainers   |  |
| <b>Basic Dental Services</b>  | <b>80%</b>   |
| Restorative – Amalgam or Synthetic Fillings                               |  |
| Sealants (frequencies shown below)  |  |
| <b>Oral Surgery</b>   |  |
| Extractions, Impacted Teeth, Cysts and Neoplasms                          |  |
| Alveolar/Gingival Reconstructions   |  |
| <b>Periodontics</b>   |  |
| Includes treatment for diseases of the gums                               |  |
| <b>Endodontics</b>  |  |
| Root Canals and Pulpal Therapy  |  |
| <b>Major Dental Services</b> (subject to a 12-month waiting period)       | <b>50%</b>   |
| Restorative – In-lays, Crowns and Implants                                |  |
| Prosthodontics – Dentures and Partials                                    |  |
| <b>Orthodontic Benefit</b> (subject to a 12-month waiting period)         | <b>50%</b>   |
| Maximum lifetime benefit of \$1500.                                       |  |
| <b>Calendar Year Maximum Benefit per individual</b>                       | <b>\$1500</b>  |
| <b>Frequencies</b>  |  |
| Examinations  | 2 in a calendar year   |
| Bitewing X-rays   | 2 in a calendar year (for children to age 18)<br>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<br>On permanent 2 <sup>nd</sup> molars through age 15<br>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 will be issued to the insured employee. 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. More than 92% of all dentists statewide are Delta Premier Dentists. 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 and the group number 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](http://www.deltadentalins.com) or call 800-427-3237.

### **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, group number 4019, 0521 & 0188.

Web Site: [www.deltadentalins.com](http://www.deltadentalins.com)

PO Box 997330 Sacramento CA 95899 Toll free Phone number: 800-765-6003

**Premium Administration** by: Wolfpack Insurance Services, Inc. License # 0814789

Web Site: [www.DVINS.com](http://www.DVINS.com)

P.O. Box 156, Belmont CA 94002 Toll Free Phone number: (800) 296-0192 Local Phone: (650) 631-2460

FAX:(650) 591-4022