

Delta Dental Plan 2000

Calendar Year Deductible (No deductible for items covered at 100%)	\$25.00
Preventive and Diagnostic 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 (subject to a 12-month waiting period)	50%
Restorative – In-lays, Crowns and Implants	
Prosthodontics – Dentures and Partials	
Calendar Year Maximum Benefit per individual	\$2000
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 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 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

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

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