

PRINCIPAL BENEFITS AND COVERED SERVICES*

Under this plan, Delta Dental pays 70% of the allowed fees for covered diagnostic, preventive, basic, cast and crown benefits during the first year you are eligible. This percentage will increase 10% each year (to a maximum of 100%) for each enrollee, provided that person visits the dentist at least once during the year. If an enrollee does not use the plan during a calendar year, the percentage remains at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

SERVICES THAT ARE NOT COVERED

Although your plan 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 plan, check with Delta Dental before proceeding.

The following are *not* covered by the plan:

- ◆ Services for injuries or conditions that are 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, implants and implant removal
- ◆ Treatment related to the temporomandibular joint (TMJ)
- ◆ Orthodontic treatment

The preceding information is not intended for use as a summary plan description, nor is it designed to serve as an Evidence of Coverage for the plan.

This Delta Dental Premier plan is administered by Delta Dental of California. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact our Customer Service department.



P. O. Box 997330
Sacramento, California 95899-7330

For customer service:
(866) 499-3001

For automated or faxed eligibility/benefits information:
(866) 499-3001

For online eligibility/benefits information:
www.deltadentalca.org

For a list of Delta dentists:
www.deltadentalca.org

WHO'S COVERED	Primary enrollee and spouse as well as dependent children to age 25
BENEFIT MAXIMUM	The maximum benefit paid per calendar year is \$1,000 per person.
DIAGNOSTIC AND PREVENTIVE BENEFITS* — oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultations	70% - 100% of Delta dentist's allowed fee (no deductible applies for these services)
BASIC BENEFITS* — oral surgery (extractions), tissue removal (biopsy), fillings, root canals, periodontic (gum) treatment, sealants	70% - 100% of Delta dentist's allowed fee
CROWNS AND OTHER CAST RESTORATIONS*	70% - 100% of Delta dentist's allowed fee
PROSTHODONTIC BENEFITS* — bridges, partial dentures, full dentures	50% of Delta dentist's allowed fee
DENTAL ACCIDENT BENEFITS	100% of Delta dentist's allowed fee separate \$1,000 maximum per person per calendar year

**Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist.*

PPO

BENEFIT HIGHLIGHTS FOR KEYES UNION ELEMENTARY

GROUP NO. 7015-00191

PRINCIPAL BENEFITS AND COVERED SERVICES*

WHEN TREATMENT IS PROVIDED BY...	A DELTA DENTAL PPO IN-NETWORK DENTIST	AN OUT-OF-NETWORK DENTIST (if you go out-of-network, visit a Delta Dental Premier dentist for lower costs)
WHO'S COVERED	Primary enrollee, spouse, dependent children to age 25	Primary enrollee, spouse, dependent children to age 25
BENEFITS MAXIMUM	\$2,000 per person per calendar year	\$1,000 per person per calendar year
DIAGNOSTIC AND PREVENTIVE BENEFITS* — oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	100% of PPO dentist's allowed fee (no deductible applies for these services)	60% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists
BASIC BENEFITS* — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	100% PPO dentist's allowed fee	60% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists
CROWNS, OTHER CAST RESTORATIONS*	100% PPO dentist's allowed fee	60% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists
PROSTHODONTIC BENEFITS* — bridges, full and partial dentures	50% of PPO dentist's allowed fee	50% of Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists
ORTHODONTIC BENEFITS — for adults and dependent children	50% of PPO approved fee (subject to a \$2,000 lifetime maximum per person)	50% of PPO approved fee (subject to a \$2,000 lifetime maximum per person)
DENTAL ACCIDENT BENEFIT	100% of PPO dentist's allowed fee separate (\$1,000 maximum per person per calendar year)	100% of PPO dentist's allowed fee separate (\$1,000 maximum per person per calendar year)

*Please refer to your Evidence of Coverage for limitations on these benefits. Examples of limitations or services are the number of cleanings and oral exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists, which may result in higher out-of-pocket costs when you visit a non-Delta dentist.

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