

Delta Dental Premier Plan II with Orthodontia

Calendar Year Deductible	\$35.00
Diagnostic and Preventive Services (frequencies shown below)	80%
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%
<small>(May be subject to a 12-month waiting period, waived if NW is in the plan name on your wallet card)</small>	
Restorative – Crowns, Inlays, Onlays and Cast restorations	
Prosthodontics – Dentures, Partials and Implants	
Orthodontic Benefit	50%
<small>(May be subject to a 12-month waiting period, waived if NW is after Ortho in the plan name on your wallet card)</small>	
Utilize any orthodontist. Maximum lifetime benefit of \$1500.	
Calendar Year Maximum Benefit per individual	\$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 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. 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

Serviced by: **DentalandVisionIns.com**

Wolfpack Insurance Services, Inc. PO Box 156 Belmont CA 94002 Phone (800) 350-8041 Lic # 0814789

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