

Delta Dental Plans (Voluntary)

Benefit Comparison									
	Premier #464 C or E UCR 100/80/50 \$1000 or \$1500		Premier #464 A or D UCR 80/80/50 \$1000 or \$1500		PPO #465 F or G or J 100/80/50 \$1000 or \$1500 or \$2000		PPO #465 H 100/80/50 \$1000 with Ortho		DeltaCare HMO # 71989 - 12A
Network	Premier	Out of Network	Premier	Out of Network	PPO	Out of Network	PPO	Out of Network	Regions 1-5
DEDUCTIBLE									
Individual	\$50		\$50		\$50		\$50		None
Family	\$150		\$150		\$150		\$150		None
Waived for Preventive	Yes		Yes		Yes		Yes		Not applicable
ELIGIBILITY									
Group Size Dental Services	3-99 enrolled		3-99 enrolled		3-99 enrolled		3-99 enrolled		3-99 enrolled
Group Size Ortho	Not applicable		Not applicable		Not applicable		3-99 enrolled		3-99 enrolled
WAITING PERIODS									
Major	12 months		12 months		12 months		12 months		None
Waived for major if there was prior group coverage?	Yes, only available to members enrolled at groups initial enrollment		Yes, only available to members enrolled at groups initial enrollment		Yes, only available to members enrolled at groups initial enrollment		Yes, only available to members enrolled at groups initial enrollment		Not applicable
Ortho	Not applicable		Not applicable		Not applicable		12 months		None
DENTAL SERVICES									
Preventive Care	0% (deductible waived)	All charges above the Premier contracted fee*	20% (deductible waived)	20% of approved Premier fee*	No charge	All charges above the PPO contracted fee*	No charge	All charges above the PPO contracted fee*	No charge
Basic Services	20%	20% of approved Premier fee*	20%	20% of approved Premier fee*	20%	20% of approved PPO fee*	20%	20% of approved PPO fee*	\$0-\$220 copay/procedure
Major Services	50%	50% of approved Premier fee*	50%	50% of approved Premier fee*	50%	50% of approved PPO fee*	50%	50% of approved PPO fee*	\$50-\$280 copay/procedure
Periodontal Surgery	Major		Major		Basic		Basic		See copay schedule
Endodontic Surgery	Major		Major		Basic		Basic		See copay schedule
ORTHO									
Co-pay	Not Covered		Not Covered		Not Covered		50%	50% of approved PPO fee*	\$25 copay (first visit), \$200 start-up fee. Dependent children: \$1700 copay. Adults: \$1900 copay.
Orthodontics							Child only		Child and Adult
Takeover							Yes, amounts previously used will be applied		Yes, amounts previously used will be applied
BENEFIT MAXIMUMS									
Annual Benefit Maximum	\$1000 or \$1500		\$1000 or \$1500		\$1000 or \$1500 or \$2000		\$1000		Unlimited
Lifetime - Ortho	Not applicable		Not applicable		Not applicable		\$1000		1 treatment per member

*Non-Delta Dental dentists may balance bill.

Groups cannot enroll in these plans if they have had other Delta Dental coverage in the past 12 months.

The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not guaranteed and the information herein is subject to change without notice. This is not an office of coverage.

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Dental Rates ¹			Effective through 12/31/15		
\$15 monthly administration fee applies to all groups			Employee Only	Employee + 1	Employee + 2 or more
Premier Plans					
#464 A	\$1,000	UCR 80/80/50	\$ 57.18	\$105.48	\$164.50
#464 C	\$1,000	UCR 100/80/50	\$ 63.98	\$118.85	\$192.53
#464 D	\$1,500	UCR 80/80/50	\$ 71.15	\$129.57	\$195.67
#464 E	\$1,500	UCR 100/80/50	\$ 78.82	\$144.55	\$226.30
PPO Plans					
#465 F	\$1,000	100/80/50	\$ 43.98	\$ 81.00	\$127.21
#465 G	\$1,500	100/80/50	\$ 53.05	\$ 96.83	\$147.50
#465 H	\$1,000 w/Ortho	100/80/50	\$ 45.39	\$ 85.39	\$147.86
#465 J	\$2,000	100/80/50	\$ 58.21	\$106.38	\$162.11
DeltaCare HMO ^{2,3}					
#71989-12A	Region 1 & 2		\$ 22.94	\$ 36.93	\$ 53.94
	Region 3		\$ 23.49	\$ 37.84	\$ 55.26
	Region 4		\$ 23.98	\$ 38.68	\$ 56.49
	Region 5		\$ 46.56	\$ 75.87	\$111.56

¹ Delta Dental plans are only available to groups headquartered in California.

² DeltaCare HMO (regions based on Employer's address):

Region 1 & 2: Los Angeles and Orange counties.

Region 3: Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara and Ventura counties.

Region 4: Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Stanislaus, Tuolumne, Tulare and Yolo counties.

Region 5: Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba counties.

³ DeltaCare HMO can be dual optioned with either a Premier or a PPO plan but not both. A minimum of three employees is required under each option.

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