

Delta Dental of California

City of Pacific Grove – Group # 3015-0005

Updated 11/18/13

Highlights of your Delta Dental Premier Plan

	DeltaPremier Dentist¹	Non-Delta Dentist²
WHO IS COVERED	Primary enrollee and spouse as well as dependent children to age 19 and full time students to age 23	
DEDUCTIBLES* BENEFITS MAXIMUM	\$25 per calendar year The Maximum benefit paid per calendar year is \$1,000 per person	\$25 per calendar year The Maximum benefit paid per calendar year is \$1,000 per person
DIAGNOSTIC AND PREVENTIVE BENEFITS *Deductible Waived Oral examinations, cleanings, x-rays, biopsy/tissue examinations, fluoride treatment, space maintainers, specialist consultation	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>
BASIC BENEFITS- oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, sealants	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>
CROWNS, JACKETS AND CAST RESTORATIONS	80% of a <i>DeltaPremier</i> Dentist fee	80% of <i>UCR</i>
PROSTHODONTIC BENEFITS- Bridges, partial dentures, full dentures Implant coverage	50% of a <i>DeltaPremier</i> Dentist fee	50% of <i>UCR</i>
ORTHODONTIC BENEFITS	Not Applicable	Not Applicable

¹ The approved fee for a *DeltaPremier* dentist is the filed fee

² The Non-Delta dentist payment is based on the fee that satisfies the majority of Delta dentists (*UCR*)

*** UCR – Usual, Customary and Reasonable Fee**

- A **Usual** fee is the amount which an individual dentist regularly charges and received for a given service or the fee actually charged, whichever is less
- A **Customary** fee is within the range of usual fees charged and received for a particular service by dentists of similar training in the same geographic area.
- A **Reasonable** fee schedule is reasonable if it is Usual and Customary.

SERVICES THAT ARE NOT COVERED

- Extra-oral grafts
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Services for injuries/conditions covered under Workers' Compensation or Employer's Liability Laws
- Anesthesia (except for general anesthesia for oral surgery)

This *DeltaPremier* program is administered by the **HEALTH CARE EMPLOYEES/ EMPLOYER DENTAL AND MEDICAL TRUST**. If you have specific questions regarding benefit structure, limitations or exclusions, consult the Evidence of Coverage or contact the Customer and Member Services department at (925) 803-1880.

Delta Dental Online at www.deltadentalins.com