

Feature	Dental Care		
	Delta Preferred Network	Delta Premier Network	Out-of-Network
Provider	Delta Dental of California 1-800-765-6003 <a href="http://www.deltadentalins.com/ngc">www.deltadentalins.com/ngc</a>		
Domestic partner benefits	Yes	Yes	Yes
<b>General Dental Expenses</b>			
Annual deductible: Individual/Family	\$50 Individual; \$100 Family; does not apply to diagnostic and preventive care	\$100 Individual; \$200 Family; does not apply to diagnostic and preventive care	\$150 Individual; \$250 Family; does not apply to diagnostic and preventive care
Exclusions/limitations	Check with Plan	Check with Plan	Check with Plan
Deductible waived for preventive/diagnostic care	Yes	Yes	Yes
Annual maximum coverage per person	\$1,500	\$1,250	\$1,000
<b>Preventive Care</b>			
Primary covered services	Exam; prophylaxis; X-rays	Exam; prophylaxis; X-rays	Exam; prophylaxis; X-rays
Preventive care benefits	100% covered	100% covered	100% covered
Annual service limits--preventive care	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
<b>Basic Services</b>			
Fillings	80% covered	75% covered	70% covered
Routine extractions	80% covered	75% covered	70% covered
Endodontics (root canal therapy)	80% covered	75% covered	70% covered
Periodontics	80% covered	75% covered	70% covered
Gingivoplasty or gingivectomy	80% covered	75% covered	70% covered
Emergency treatment for dental pain	80% covered	75% covered	70% covered
Annual service limits--basic services	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
<b>Major Services</b>			
Inlays/onlays	80% covered	75% covered	70% covered
Crowns	80% covered	75% covered	70% covered
Dentures	50% covered	50% covered	50% covered
Bridges	50% covered	50% covered	50% covered
Osseous surgery	80% covered	75% covered	70% covered
Oral surgery	80% covered	75% covered	70% covered
Bruxism	Not covered	Not covered	Not covered

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<b>Anesthesia for dental care</b>	80% covered; in conjunction with periodontal procedures; must be medically necessary	75% covered; in conjunction with periodontal procedures; must be medically necessary	70% covered; in conjunction with periodontal procedures; must be medically necessary
<b>Annual service limits--major services</b>	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
<b>Dental implants</b>	50% covered; limited to \$1,000 per person per lifetime	50% covered; limited to \$750 per person per lifetime	50% covered; limited to \$500 per person per lifetime
<b>Orthodontia</b>			
<b>Primary covered orthodontia services</b>	Not covered	Not covered	Not covered
<b>Coverage available for child? Adult?</b>	Not covered	Not covered	Not covered
<b>Start-up fees</b>	Not covered	Not covered	Not covered
<b>Orthodontia benefits</b>	Not covered	Not covered	Not covered
<b>Service limits and maximums--orthodontia</b>	Not covered	Not covered	Not covered
<b>TMJ</b>			
<b>TMJ benefits</b>	50% covered; limited to \$500 per person per lifetime	50% covered; limited to \$300 per person per lifetime	50% covered; limited to \$250 per person per lifetime