

DELTA DENTAL - Local 7

	DHMO DELTACARE		DPPO	
	IN NETWORK	IN NETWORK	OUT OF NETWORK	
Plan Name	Plan CA13B	PPO Plan		
Annual Maximum	None	\$1,000	\$1,000	
Deductible	None	\$50 / 3x family	\$75 / 3x family	
Waiting Period for Services	None	None	None	
<u>Preventive</u>				
210: X-rays, full mouth	No Charge	No Charge	You pay 20%	
1110: Teeth Cleaning	No Charge	No Charge	You pay 20%	
1203: Topical Fluoride (child)	No Charge	No Charge	You pay 20%	
<u>Restorative</u>				
2140: Amalgam filling - one tooth	No Charge	You pay 20%	You pay 20%	
2330: Resin based filling	No Charge	You pay 20%	You pay 20%	
<u>Endodontics</u>				
3310: Root canal - anterior	\$95	You pay 20%	You pay 20%	
3320: Root canal - bicuspid	\$185	You pay 20%	You pay 20%	
3330: Root canal - molar	\$335	You pay 20%	You pay 20%	
<u>Oral Surgery</u>				
7111: Extraction - coronal remnants	No Charge	You pay 20%	You pay 20%	
7210: Surgical removal of erupted tooth	\$45	You pay 20%	You pay 20%	
7240: Removal of impacted tooth	\$95	You pay 20%	You pay 20%	
<u>Major</u>				
2750: Crown procelin + precious metal	\$355	You pay 50%	You pay 50%	
2790: Crown full cast precious metal	\$355	You pay 50%	You pay 50%	
5110: Complete Denture (Lower or Upper)	\$285	You pay 50%	You pay 50%	
6000: Implants	Not Covered	You pay 50%	You pay 50%	
<u>Orthodontia</u>				
8080: Comprehensive Ortho Child (to age 19)	\$1,900	You pay 50%	You pay 50%	
8090: Comprehensive Ortho Adult	\$2,100	Not Covered	Not Covered	
MONTHLY RATES				
Rates Valid 12/1/11 - 11/30/2012				
Employee Only	\$24.00	\$66.00		
Employee + Spouse	\$36.00	\$116.00		
Employee + Child(ren)	\$39.00	\$131.00		
Family	\$51.00	\$191.00		

This is only a summary of benefits. Please consult contract for complete descriptions of benefits, exclusions, and participating requirements.