Delta Dental of California
Regional Center of the East Bay – Group 1862/0298

Updated 1/1/2017

Highlights of your Delta Dental Premier Plan

	Delta Premier Dentist[1]	Non-Delta Dentist[2]
WHO IS COVERED	Primary enrollee and spouse/domestic partner as well as children to age 26	
DEDUCTIBLES **BENEFITS MAXIMUM**	**$50 Individual / $150 Family (waived on D&P)** The Maximum benefit paid per calendar year is **$2,500 per person**	**$50 Individual / $150 Family** The Maximum benefit paid per calendar year is **$2,500 per person**
DIAGNOSTIC AND PREVENTIVE BENEFITS Oral examinations, cleanings, x-rays, biopsy/tissue examinations, fluoride treatment, space maintainers, specialist consultation	**100%** of a ***Delta Premier*** Dentist fee	**100%** of ***UCR***
BASIC BENEFITS- oral surgery (extractions), fillings, root canals, periodontics (gum) treatment, sealants	**85%** of a ***Delta Premier*** Dentist fee	**85%** of ***UCR***
CROWNS, JACKETS AND CAST RESTORATIONS	**85%** of a ***Delta Premier*** Dentist fee	**85%** of ***UCR***
PROSTHODONTIC BENEFITS- Bridges, partial dentures, full dentures Implant coverage	**60%** of a ***Delta Premier*** Dentist fee	**60%** of ***UCR***
ORTHODONTIC BENEFITS Children Only	**60%** of a ***Delta Premier*** Dentist fee **$1,500 Lifetime Maximum**	**60%** of ***UCR*** **$1,500 Lifetime Maximum**

[1] The approved fee for a ***Delta Premier*** 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)

The HEALTH CARE EMPLOYEES / EMPLOYER DENTAL AND MEDICAL TRUST administer this Delta Premier program**.** 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

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