

DELTACARE DENTAL PLAN
SANTA CRUZ COUNTY - Group # 01556-0004

Dental services must be provided by your assigned Dentist. Use of another dentist must be pre-authorized by DeltaCare. Only dental services provided by a DeltaCare dentist and authorized by DeltaCare are covered. Listed below is a summary of the DeltaCare Dental Plan coverages.

DEDUCTIBLE PER INSURED	None
MAXIMUM DENTAL BENEFIT PAYABLE	None
ACCIDENT INJURY BENEFIT	Maximum of \$1600.00 in any 12 month period.
REQUIREMENT FOR PRE-AUTHORIZATION OF DENTAL SERVICES	Your DeltaCare dentist must submit a pre-authorization claim form to DeltaCare prior to performing any major dental procedure. Any dental work performed out side your DeltaCare dentist's office (generalist) must be pre-authorized prior to services being provided.
EMERGENCY SERVICES	There is a \$20 charge for services received after normal working hours. These charges are the responsibility of the member. For out-of-area dental emergencies, DeltaCare will only reimburse you a maximum of \$100.00 during any 12 month period.
FAILURE TO CANCEL APPOINTMENT	Members incur a charge of \$10 per 15 minutes of appointment time for failure to cancel an appointment unless a 24-hour notice is given to the DeltaCare office in which you are enrolled.
ORTHODONTIA	Members must pay: \$1600 for eligible child under age 19; and \$1800 for an eligible adult. Additional charges for START-UP fees (up to \$350). Beyond 24 months of active treatment an additional monthly fee of \$75 applies.
<u>TYPE A SERVICES :</u> BASIC,DIAGNOSTIC & PREVENTATIVE EXAMS, CLEANINGS, X-RAYS	Most services are covered at no cost. Prophylaxis limited to two treatments in a 12 month period; sealants per tooth are limited to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15; full mouth x-rays limited to one set every 24 consecutive months and bitewings limited to one series of four films in any six month period.
<u>TYPE B SERVICES :</u> ORAL SURGERY, PERIODONTICS, ENDODONTICS	Many services are covered at no cost to you.
<u>TYPE C SERVICES :</u> MAJOR CROWNS, BRIDGES, DENTURES, GOLD RESTORATIONS	Many services are covered at no cost to you. Fixed bridges will only be covered when a partial cannot satisfactorily restore the case. The patient is responsible for the difference in costs between the fixed bridge and a partial denture. There are some costs for crowns.