

Small Group Program 2008



We keep you smiling®

Businesses of all sizes are big on value.

Delta Dental of California (Delta Dental) has created a portfolio of its most popular plans — each designed to provide maximum value for your small business.

You can rely on Delta Dental to provide cost management, superior access to dentists and dental plans to meet your needs.

No matter which Delta Dental plan you choose, you can feel confident knowing that you've chosen a plan that protects your employees and provides your business with big value.

Delta Dental Premier®

Delta Dental Premier is our original fee-for-service plan. With Premier, enrollees have the freedom to choose any licensed dentist, but it is to the enrollee's advantage to choose a Delta Dental dentist.

There are more than 27,000 active Premier dentist locations in California (approximately 92% of all California dentist locations).

PPO Programs

Delta Dental PPO is our preferred provider organization plan. PPO allows enrollees to choose any licensed dentist. However, enrollees receive their best benefits when visiting a PPO dentist.

PPO dentists are a subset of the Delta Dental Premier network who have agreed to charge PPO patients reduced fees. In California, there are more than 16,000 PPO dentist locations which accounts for 54% of dentist locations statewide, making Delta Dental's PPO network one of the largest in California.

DeltaCare® USA

DeltaCare USA is our HMO-type dental plan. With DeltaCare USA, businesses enjoy greater cost controls, while still providing employees with comprehensive dental benefits.

DeltaCare USA delivers quality care for a lower premium than traditional fee-for-service plans. Enrollees select a DeltaCare USA contracted primary dentist from whom they receive services without worrying about claim forms, deductibles or benefit maximums. DeltaCare USA dentists undergo a comprehensive credentialing process to ensure they meet high-quality standards. Most diagnostic and basic restorative services are covered at little or no cost to the enrollee.

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Classic

| Summary of Benefits ¹ | Premier 50 | Premier 100 | PPO | |
|---|--------------------------------|--------------------------------|--------------------------------|-----------------------------|
| There is no waiting period for any procedure | Any Dentist | Any Dentist | In-Network | Out-of-Network |
| Payment Basis | Allowed Amount ² | Allowed Amount ² | Allowed Amount ³ | Allowed Amount ³ |
| Group Size (eligible employees) | 5-99 | 5-99 | 5-99 | |
| Diagnostic and Preventive (deductible waived) Periodic oral evaluation ⁴ Bitewing radiographs (four films — 1 series every 6 months) Adult prophylaxis cleaning | 50% | 100% | 100% | 100% |
| Basic Services Oral Surgery Amalgam filling one surface primary or permanent Root canal — anterior (excluding final restoration) Gingivectomy on gingivoplasty (4 or more teeth per quadrant) Removal of impacted tooth — soft tissue | 50% | 80% | 80% | 80% |
| Major Services Crown, jackets and cast restorations Prosthodontic services (dentures and bridges) ⁵ | 50% | 50% | 50% | 50% |
| Endodontics and Periodontics | 50% | 80% | 80% | 80% |
| Calendar year deductible Deductible rollover credit is available. Classic has a per patient deductible. Options has a per patient, per family deductible. | None | \$50 | \$50 | |
| Calendar Year Maximum, Per Patient | \$1,000, \$1,500 or \$2,000 | \$1,000, \$1,500 or \$2,000 | \$1,000, \$1,500 or \$2,000 | |
| Orthodontic Benefits Premier or PPO — minimum of 10 primary enrollees DeltaCare USA — minimum of 5 primary enrollees | Optional | Optional | Optional | |
| Coverage | Children only | Children only | Children only | |
| Payment | 50% | 50% | 50% | |
| Lifetime Maximum Per Patient | \$1,000 | \$1,000 | \$1,000 | |

¹ Subject to Limitations and Exclusions shown on pages 10-11.

² The Allowed Amount for a Premier Dentist is the lesser of the submitted charge or the dentist's negotiated fee. The Allowed Amount for a non-Delta Dental dentist is the lesser of the submitted fee or the fee that satisfies the majority of dentists for that service in the same geographical area.

³ The Allowed Amount is the lesser of the submitted charge or the PPO fee allowance.

⁴ If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the enrollee or the dentist when the claim is submitted.

⁵ Includes surgical placement and removal of implants, implant supported prosthetics and implant repair and recementation.

OPTIONS

| Premier | PPO 1 | | PPO 2 | | PPO 3 | |
|--------------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|------------------------------|-----------------------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Any Dentist | | | | | | |
| Allowed Amount ² | Allowed Amount ³ | Allowed Amount ² | Allowed Amount ³ | Allowed Amount ² | Allowed Amount ³ | Allowed Amount ² |
| 50-99 | 50-99 | | 50-99 | | 50-99 | |
| 100% | 100% | 100% | 100% | 80% | 100% | 100% |
| 80% | 90% | 80% | 80% | 80% | 80% | 80% |
| 50% | 60% | 50% | 50% | 50% | 50% | 50% |
| 80% or 50% | 90% or 60% | 80% or 50% | 80% or 50% | | 80% or 50% | |
| \$50/\$150 or \$25/\$75 | \$50/\$150 or \$25/\$75 | | \$50/\$150 or \$25/\$75 | | \$40/\$120 | \$50/\$150 |
| \$1,000, \$1,500 or \$2,000 | \$1,000, \$1,500 or \$2,000 | | \$1,000, \$1,500 or \$2,000 | | \$1,000, \$1,500 or \$2,000 | |
| Optional | Optional | | Optional | | Optional | |
| Children or Adult & Children | Children or Adult & Children | | Children or Adult & Children | | Children or Adult & Children | |
| 50% | 50% | | 50% | | 50% | |
| \$1,000 or \$1,500 | \$1,000 or \$1,500 | | \$1,000 or \$1,500 | | \$1,000 or \$1,500 | |

Summary of DeltaCare USA Benefits

| Procedure Description ⁶ | Procedure Code ⁷ | DeltaCare USA 10A | DeltaCare USA 11A | DeltaCare USA 12A |
|---|-----------------------------|-------------------|-------------------|-------------------|
| Diagnostic Services | | | | |
| Intraoral – complete series (including bitewings) | D0210 | \$0 | \$0 | \$0 |
| Preventive Services | | | | |
| Prophylaxis – adult | D1110 | \$0 | \$0 | \$0 |
| Prophylaxis – child | D1120 | \$0 | \$0 | \$0 |
| Sealants — per tooth | D1351 | \$5 | \$10 | \$10 |
| Restorative Services | | | | |
| Amalgam – one surface, primary or permanent | D2140 | \$0 | \$0 | \$5 |
| Resin-based composite – one surface, anterior | D2330 | \$0 | \$10 | \$22 |
| Resin-based composite – one surface, posterior | D2391 | \$45 | \$55 | \$65 |
| Crown – porcelain fused to high noble metal | D2750 | \$195 | \$240 | \$295 |
| Crown – full cast high noble metal | D2790 | \$170 | \$210 | \$260 |
| Crown – full cast noble metal | D2792 | \$110 | \$150 | \$200 |
| Post and core in addition to crown, indirectly fabricated – includes canal preparation | D2952 | \$0 | \$35 | \$60 |
| Endodontics | | | | |
| Root canal, anterior (excluding final restoration) | D3310 | \$45 | \$55 | \$85 |
| Root canal, molar (excluding final restoration) | D3330 | \$205 | \$250 | \$280 |
| Periodontics | | | | |
| Osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant | D4260 | \$175 | \$280 | \$300 |
| Periodontal scaling and root planing – four or more teeth per quadrant | D4341 | \$0 | \$25 | \$40 |
| Prosthodontics (removable) | | | | |
| Complete denture – maxillary | D5110 | \$100 | \$145 | \$215 |
| Maxillary partial denture – resin base (including any conventional clasps, rests and teeth) | D5211 | \$80 | \$120 | \$180 |
| Maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | D5213 | 120 | \$160 | \$240 |
| Reline complete maxillary denture (laboratory) | D5750 | \$35 | \$60 | \$75 |
| Oral and maxillofacial surgery | | | | |
| Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | D7140 | \$0 | \$5 | \$8 |
| | D7210 | \$15 | \$25 | \$45 |
| Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | D7240 | \$70 | \$80 | \$95 |
| Removal of impacted tooth – completely bony | | | | |
| Orthodontics | | | | |
| Comprehensive orthodontic treatment of the transitional dentition — <i>child or adolescent to age 19</i> | D8070 | \$1,700 | \$1,700 | \$1,700 |
| Comprehensive orthodontic treatment of the adult dentition — <i>adults, including dependent adult children covered from age 19-25</i> | D8090 | \$1,900 | \$1,900 | \$1,900 |
| Deductible | | None | None | None |
| Annual and Lifetime Maximums | | None | None | None |

⁶ Subject to the Limitations and Exclusions shown on page 12.

⁷ (2007) Current Dental Terminology codes under copyright by American Dental Association (ADA).

Classic and Options Program Guidelines

| | |
|---|---|
| Group size | Businesses in California with 5 to 99 eligible employees. Groups must initially enroll and maintain a minimum of 5 primary enrollees for the duration of the contract. |
| Eligible industries | See page 9 for a complete list of eligible/ineligible industries. Groups must submit a DE-6 to verify a true employer/employee relationship. |
| Employer contribution | <p>Delta Dental Premier or PPO</p> <ul style="list-style-type: none"> Employer contributes at least 75% of the employee cost. <p>DeltaCare USA</p> <ul style="list-style-type: none"> Employer contributes 0% to 100% of the employee/dependent cost (refer to the DeltaCare USA rate inserts for more details on employer contribution options). |
| Participation requirement | <p>Employee</p> <ul style="list-style-type: none"> If employer contributes 100% of employee cost, then all eligible employees must enroll. If employer contribution is less than 100%, then at least 80% of eligible employees (excluding those with dental coverage elsewhere) must enroll. <p>Dependent</p> <ul style="list-style-type: none"> If employer contributes 100% of dependent cost, then all eligible dependents must enroll. |
| Eligibility waiting period | As required by group. |
| Eligible employees | <ul style="list-style-type: none"> All permanent employees identified as eligible by the employer will be eligible to receive benefits after completing any eligibility waiting periods required by the employer. Contract employees (category 1099 employees) are not eligible. |
| Eligible dependents | <ul style="list-style-type: none"> Legal spouse or domestic partner (if offered by group). Unmarried dependent children up to age 19. Unmarried dependent children up to age 25, if enrolled full-time in an accredited school, college or university. |
| Dependent enrollment | <ul style="list-style-type: none"> Dependents must enroll for coverage at the same time as the employee. New dependents or dependents that lose coverage under another dental plan must enroll within 30 days following loss of coverage. If dependent child is less than four years old, child can be enrolled at the beginning of any contract year up to and immediately following his/her fourth birthday. |
| Employee or dependent terminations | <ul style="list-style-type: none"> Dental coverage will end on the last day of the month when an employee is no longer eligible for coverage. Dependent coverage will end at the same time as the employee or when the dependent is no longer eligible. |
| Waive coverage | <ul style="list-style-type: none"> Employees or dependents can waive coverage if they have coverage elsewhere (i.e., spouse's plan) if employer contribution is less than 100% for employee and dependent. If employee or dependent does not enroll at the time they are eligible, they cannot enroll at a later date unless they show proof of loss of coverage under another program. |
| Dual Choice | <p>Employer can offer either Delta Dental Premier or PPO with DeltaCare USA to employees. The employer contribution for employee/dependent coverage must be the same for both dental plans. Employees can switch plans at open enrollment and coverage will become effective upon program anniversary.</p> <p>Classic</p> <ul style="list-style-type: none"> Requires minimum enrollment of at least 10 employees (at least 3 enrolled in one plan and the balance in the other). <p>Options</p> <ul style="list-style-type: none"> Requires minimum enrollment of at least 50 employees (at least 10 enrolled in one plan and the balance in the other). <p>Ineligible industry</p> <ul style="list-style-type: none"> Since law firms are not eligible for the DeltaCare USA plan, Dual Choice is not an available option. |
| Open enrollment | <p>Delta Dental Premier or PPO</p> <ul style="list-style-type: none"> 100% employer contribution requires 100% participation. Open enrollment is not available for late enrollees/dependents. <p>DeltaCare USA</p> <ul style="list-style-type: none"> Open enrollment is available. 100% employer contribution requires 100% participation. Employees/dependents who terminate coverage during the year and wish to re-enroll must pay all back premiums owed (up to a maximum of 12 months) before reinstatement can occur. <p>Dual Choice</p> <ul style="list-style-type: none"> 100% employer contribution requires 100% participation. Open enrollment is available to groups that offer Dental Premier or PPO with DeltaCare USA for switching between plans. Open enrollment is not available for adding late enrollees/dependents. |
| Out-of-state employees | If the group has more than 10% of employees outside of California, approval is required. |

Voluntary PPO

| Summary of Benefits ¹ | Voluntary | |
|--|-----------------------------------|-----------------------------------|
| | In-Network | Out-of-Network |
| Group size 5-99 (eligible employees) | | |
| Payment Basis | Allowed Amount² | Allowed Amount² |
| First Year Benefits | | |
| Diagnostic and Preventive Periodic oral evaluation — established patient Bitewing radiographs (four films — limited to 1 series every 6 months) Adult prophylaxis cleaning | 100% | 100% |
| Sealants, Simple Restorations & Extractions Amalgam filling one surface primary or permanent | 80% | 80% |
| Dental Accidents³ | 100% | 100% |
| Second Year Benefits Covered only following 12 months of continuous enrollment. | | |
| Endodontics Root canal — anterior (excluding final restoration) | 50% | 50% |
| Periodontics Gingivectomy on gingivoplasty (4 or more teeth per quadrant) | 50% | 50% |
| Oral Surgery Removal of impacted tooth — soft tissue | 50% | 50% |
| Crowns, Inlays, Onlays and Cast Restorations Crown full cast noble metal | 50% | 50% |
| Prosthodontics Complete denture upper/lower Pontic cast noble metal | 50% | 50% |
| Orthodontics (children only) Minimum of 25 primary enrollees | 50% | 50% |
| Calendar Year Deductible (per patient) Does not apply to Diagnostic and Preventive benefits. | \$50 | \$50 |
| Maximum | | |
| • Per Patient/Calendar Year | \$1,000 | \$1,000 |
| • Dental Accidents Lifetime Maximum | \$1,000 | \$1,000 |
| • Orthodontic Lifetime Maximum | \$1,000 | \$1,000 |

¹ Subject to Limitations and Exclusions shown on pages 10-11.

² The Allowed Amount is the lesser of the submitted charge or the PPO fee allowance.

³ Covers conditions caused directly and independent of all other causes, by external, violent and accidental means occurring after the enrollees eligibility date. Services must be provided to an enrollee within 180 days following the date of accident. Accidental Benefits are subject to all plan limitations exclusions, deductibles and annual maximums.

Voluntary PPO Program Guidelines

| | |
|---|---|
| Group size | Businesses in California with 5 to 99 eligible employees. Groups must initially enroll and maintain a minimum of 5 primary enrollees for the duration of the contract. |
| Eligible industries | All industries are eligible. Groups must submit a DE-6 to verify a true employer/employee relationship. |
| Employer contribution | Employer may contribute 0% to 74% of the cost for employees' coverage. |
| Payroll deduction | Employee premium is paid via payroll deduction. |
| Eligibility waiting period | As required by group. |
| Eligible employees | <ul style="list-style-type: none"> All permanent employees identified as eligible by the employer will become eligible to receive benefits after completing any eligibility waiting periods required by the employer. Contract employees (category 1099 employees) are not eligible. |
| Eligible dependents | <ul style="list-style-type: none"> Legal spouse or domestic partner (if offered by group). Unmarried dependent children up to age 19. Unmarried dependent children up to age 25, if enrolled full-time in an accredited school, college or university. |
| Dependent enrollment | <ul style="list-style-type: none"> Dependents should enroll for coverage at the same time as the employee. Late enrollment of an eligible dependent can take place on the first day of the following month with a qualifying event (i.e., loss of coverage on another dental plan, birth or adoption). If dependent child is less than four years old, child can be enrolled at the beginning of any contract year up to and immediately following his/her fourth birthday. |
| Employee or dependent terminations | <ul style="list-style-type: none"> Dental coverage will end on the last day of the month when an employee is no longer eligible for coverage. Dependent coverage will end at the same time as the employee or when the dependent is no longer eligible. |
| Waive waiting period | <ul style="list-style-type: none"> New employees are subject to a 12 month waiting period regardless of previous coverage. Waiting period can be waived for initial enrollees only at takeover provided there is no break in coverage and the employer provides proof of prior group coverage⁴ under a comprehensive indemnity, PPO or HMO-type dental plan.⁵ |
| Dual Choice | <ul style="list-style-type: none"> Employer can offer Delta Dental PPO with DeltaCare USA to employees. The employer contribution for employee/dependent coverage must be the same for both dental plans. Requires minimum enrollment of at least 10 employees – at least 5 in each plan. |
| Open enrollment | <ul style="list-style-type: none"> Open enrollment is available at the group's anniversary date. Employees who do not enroll at the time of eligibility can enroll at open enrollment and are subject to the 12-month waiting period. Employees/dependents who cancel PPO coverage during the year can re-enroll at open enrollment and are subject to the 12-month waiting period. <p>Dual Choice Employees can switch plans at open enrollment. If switching from DeltaCare USA to PPO, employee is subject to a 12 month waiting period.</p> |
| Out-of-state employees | If the group has more than 10% of employees outside of California, approval is required. |

⁴ Proof of prior group coverage — If Indemnity or PPO then submit a copy of last bill showing prior dental coverage with no break in coverage. If HMO-type dental plan, submit an Evidence of Coverage booklet from prior carrier that shows comprehensive HMO-type coverage and a copy of last bill showing prior dental coverage with no break in coverage.

⁵ A comprehensive Indemnity, PPO or HMO-type dental plan means group coverage that includes Diagnostic and Preventative, Basic and Major services, including specialty care such as Endodontics, Periodontics and Oral Surgery.

How the PPO Program Works

| Traditional PPO | | |
|--|--|--|
| In-Network | Out-of-Network | |
| Delta Dental PPO Dentist | Delta Dental Premier Dentists | Non-Delta Dental Dentists |
| Delta Dental bases its payment on the lesser of the dentist's submitted fee or the Delta Dental PPO fee allowance. | Delta Dental bases its payment on the lesser of the dentist's submitted fee or the Delta Dental PPO fee allowance. | Delta Dental bases its payment on the lesser of the dentist's submitted or the Delta Dental PPO fee allowance. |
| The dentist has agreed to accept the PPO fee allowance as payment in full. The patient is responsible for the deductible, co-insurance amounts in excess of plan maximum and non-covered services. | The Premier dentist may charge the difference between the PPO fee allowance and their negotiated fee. ¹ The patient is also responsible for the deductible, co-insurance, amounts in excess of plan maximum and non-covered services. | The patient is responsible for the difference between the dentist's submitted fee and the PPO fee allowance plus the deductible, co-insurance, amounts in excess of plan maximum and non-covered services. Delta Dental and the dentist do not have an agreement that will limit the amount of balance billing to the patient. |
| Patients will usually have the lowest out-of-pocket expense by visiting a PPO dentist. | Patients have balance billing protection. Visits to a Premier dentist usually result in lower out-of-pocket expenses than visits to a non-Delta Dental dentist. | Patients are not protected from balance billing protection. Out-of-pocket expenses may be greatest with a non-Delta Dental dentist. |

| PPO Plus Premier | | |
|--|--|--|
| In-Network | Out-of-Network | |
| Delta Dental PPO Dentist | Delta Dental Premier Dentists | Non-Delta Dental Dentists |
| Delta Dental bases its payment the on lesser of the dentist's submitted fee or the Delta Dental PPO fee allowance. | Delta Dental bases its payment on the lesser of the Premier dentist's submitted fee, or the Delta Dental negotiated fee. ¹ | Delta Dental bases its payment on the lesser of the dentist's submitted fee or a fee that will satisfy the majority of dentists whichever is less. |
| The dentist has agreed to accept the PPO fee allowance as payment in full. | The Premier dentist may charge the difference between the PPO fee allowance and their negotiated fee. ¹ The patient is also responsible for the deductible, co-insurance, amounts in excess of plan maximum and non-covered services. | The patient is responsible for the difference between the dentist's submitted fee and the PPO fee allowance plus the deductible, co-insurance, amounts in excess of plan maximum and non-covered services. Delta Dental and the dentist do not have an agreement that will limit the amount of balance billing to the patient. |
| Patients will usually have the lowest out-of-pocket expense by visiting a Delta Dental PPO dentist. | Patients have balance billing protection. Visits to a Premier dentist usually result in lower out-of-pocket expenses than visits to a non-Delta Dental dentist. | Patients are not protected from balance billing. Out-of-pocket expenses may be greatest with a non-Delta Dental dentist. |

¹ Negotiated fees may vary from one dentist to another.

Eligible/Ineligible Industries – Not applicable to Voluntary PPO

Premier and PPO

Eligible Industries

| Level One | SIC code |
|--|--|
| Advertising (except Misc. not classified #7319) | 7311-7313 |
| Agriculture, Forestry, Fishing (except seasonal employees) | 0100-0999 |
| Auto Rental Agencies | 7513-7519 |
| Building Maintenance/Equipment Rental | 7349-7359 |
| Collection Agencies & Credit Reporting Services | 7322-7323 |
| Communication (Radio, Telephone, TV/Radio Broadcasting) | 4800-4899 |
| Disinfecting & Pest Control Services | 7342 |
| Electrical Repair (Radio, TV, A/C, Refrigerator) | 7622-7629 |
| Finance (Banks, Securities, Credit Agencies) | 6000-6299 |
| Funeral Services & Crematories | 7261 |
| Furniture Repair/Reupholstery | 7641 |
| Hospitals | 8062-8069 |
| Independent Auto Repair & Services | 7532-7599 |
| Laundry/Garment Services/Shoe Repair Shops | 7211-7219/7251 |
| Manufacturing (except Jewelry Manufacturing) | 2000-2699 |
| Manufacturing (Chemicals, Allied and Other Products) | 2810-3999 |
| Mining, Oil and Gas Extraction | 1000-1499 |
| News Syndicates | 7383 |
| Printing & Publishing | 2700-2799 |
| Public Administration (Cities, Counties, Police, etc.) | 9000-9999 |
| Public Education (except Private Schools) | 8200-8299 |
| Retail | 5200-5510, 5610-5699, 5712-5736, 5912-5999 |
| Transportation | 4000-4799 |
| Utilities | 4900-4999 |
| Wholesale Trade | 5000-5199 |
| Level Two | SIC code |
| Auto Dealerships | 5511-5599 |
| Automobile Parking Services | 7521 |
| Computer Programming & Related Services | 7371-7379 |
| Construction Contractors | 1500-1799 |
| Direct Mailing, Reproductions, Secretarial Services | 7331-7338 |

| Level Two continued | SIC code |
|---|-----------------------|
| Employment Agencies | 7361-7363 |
| Engineering & Management Services | 8711-8748 |
| Hotels | 7000-7099 |
| Insurance Carriers/Brokers | 6300-6499 |
| Jewelry Manufacturing | 3911-3915 |
| Legal | 8100-8199 |
| Medical Groups | 8000-8059 & 8082-8099 |
| Misc. Repair (Welding, etc.) | 7692-7699 |
| Photofinishing Labs | 7384 |
| Photographic Studios | 7221 |
| Private Schools (Elementary & High School) | 8211 |
| Restaurants | 5800-5899 |
| Security Systems, Detectives, Armored Cars | 7381-7382 |
| Tax Return Preparation Services/Misc. Personal Services | 7291-7299 |

| Ineligible Industries | SIC code |
|---|------------------|
| Advertising, Misc. not classified | 7319 |
| Amusement, Recreation & Entertainment | 7800-7999 |
| Associations and Trusts | 8600-8699 |
| Beauty & Barber Shops | 7231-7241 |
| Community Service Organizations/Social Services | 8300-8499 |
| Dentist offices, Dental Labs and Medical Labs | 8021, 8071, 8072 |
| Government-funded Groups | 8300-8499 |
| Groups with high turnover | Varies |
| International Affairs | 9721 |
| Misc. Business Services | 7389 |
| Misc. Services not elsewhere classified | 8999 |
| Museums Art Galleries & Gardens | 8412, 8422 |
| Private Households | 8811 |
| Professional Employee Organizations (PEO) | 7361 |
| Real Estate | 6500-6799 |
| Seasonal Employees (Christmas/Part-time help) | no SIC |
| Seasonal Employees (Agriculture) | 0761-0783 |
| Watch, Clock & Jewelry Repair | 7631 |

DeltaCare USA

Eligible Industries

All except for those identified as ineligible below.

Ineligible Industries:

- Law firms, associations, businesses without a true employer/employee relationship.
- Businesses with seasonal employment or high turnover.¹

¹ A business has "high turnover" if 20% or more of the average number of its employees during the past 12 months were newly hired for reasons other than the growth of the business.

Delta Dental Premier, PPO and Voluntary PPO Limitations and Exclusions

Limitations

1. We pay for two oral exams, including office visits for observation and specialist consultations, or combination of these services each calendar year while you are enrolled under any Delta Dental plan.*
2. Full-mouth x-rays are a Benefit once in a five-year period while you are enrolled under any Delta Dental plan.
3. Bitewing x-rays are provided on request by the dentist, but no more than twice in a calendar year for children to age 18 or once in a calendar year for adults age 18 and over, while you enrolled under any Delta Dental plan.
4. Diagnostic casts are a Benefit only when made in connection with subsequent orthodontic treatment covered under this plan.
5. We pay for two cleanings or a dental procedure that includes a cleaning each calendar year under any Delta Dental plan.*

Routine cleanings are covered as a Diagnostic and Preventive Benefit and periodontal cleanings are covered as a Periodontal Benefit.
6. Periodontal scaling and root planning is limited to one for each quadrant each 24-month period.
7. Fluoride treatments is a benefit twice each calendar year under any Delta Dental plan if you are under age 19.
8. Sealant Benefits include the application of sealants only to permanent first molars through age eight (8) and second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface. Sealant Benefits do not include the repair or replacement of a sealant on any tooth within two (2) years of its application.
9. Direct composite (resin) restorations are Benefits on anterior teeth and the facial surface of bicuspid. Any other posterior direct composite (resin) restorations are optional services and Delta Dental's payment is limited to the cost of the equivalent amalgam restorations.
10. Crowns, Inlays, Onlays and Cast Restorations are Benefits on the same tooth only once every five years, while you are eligible under any Delta Dental plan, unless Delta Dental determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues since the replacement of the restoration.
11. Prosthodontic appliances and implants received under any Delta Dental plan will be replaced only after five (5) years have passed, unless Delta Dental determines that there has been such an extensive loss of remaining teeth or change in supporting tissues that the existing fixed bridge, partial or complete denture cannot be made satisfactory.

Delta Dental will replace an implant, a prosthodontic appliance or an implant supported prosthesis you received under another dental plan if we determine it is unsatisfactory and cannot be made satisfactory.

We will pay for the removal of an implant once for each tooth during the Enrollee's lifetime.

12. Delta Dental will pay its percentage of the dentist's fee for a standard cast chrome or acrylic partial or complete denture. A standard partial or complete denture is one made from accepted materials and by conventional methods.
13. If you select a more expensive plan of treatment than is customarily provided, or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan. Delta Dental will pay the applicable percentage of the lesser fee for the customary or standard treatment and you are responsible for the remainder of the dentist's fee.

For example: a crown where an amalgam filling would restore the tooth; or a precision denture where a standard denture would suffice.
14. Orthodontic services may not be covered by your employer.
 - a) If orthodontic treatment is begun before you become eligible for coverage, Delta Dental's payments will begin with the first payment due to the dentist following your eligibility date.
 - b) Delta Dental's orthodontics payments will stop when the first payment is due to the dentist following either a loss of eligibility, or if treatment is ended for any reason before it is completed.
 - c) Delta Dental will pay the applicable percentage of the Dentist's fee for a standard orthodontic treatment plan involving surgical and/or non-surgical procedures. If the Enrollee selects specialized orthodontic appliances or procedures chosen for aesthetic considerations an allowance will be made for the cost of a standard orthodontic treatment plan and the patient is responsible for the remainder of the Dentist's fee.
 - d) X-rays and extractions that might be necessary for orthodontic treatment are not covered by Orthodontic Benefits, but may be covered under Diagnostic and Preventive or Basic Benefits.

*If the enrollee is pregnant, Delta Dental will pay for the following additional services per calendar year: one additional oral evaluation and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the enrollee or the dentist when the claim is submitted.

Delta Dental Premier, PPO and Voluntary PPO Limitations and Exclusions

Exclusions

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide Benefits. It is important for you to know what these services are before you visit your dentist.

Delta Dental does not provide benefits for:

1. Services for injuries covered by Workers' Compensation or Employer's Liability Laws.
2. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.
3. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
5. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan.
6. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
7. Experimental procedures.
8. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
9. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures.
10. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").
11. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
12. Replacement of existing restoration for any purpose other than active tooth decay.
13. Intravenous sedation, occlusal guards and complete occlusal adjustment.
14. Charges for replacement or repair of an orthodontic appliance paid in part or in full by this plan.
15. Orthodontic services unless Delta Dental's copayment and maximum amount payable are shown on the Highlights page of this Evidence of Coverage.

DeltaCare USA Limitations and Exclusions

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in the Description of Benefits and Copayments insert.
2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/ analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic Treatment in Progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for Emergency Services as described in the Contract and/or Evidence of Coverage (EOC).
11. All related fees for admission, use, or stays in a hospital, outpatient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.

Exclusions

1. Any procedure that is not specifically listed in the *Description of Benefits and Copayments* insert.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures;
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.



Delta Dental's Mission Statement

To advance dental health and access through exceptional dental benefits service, technology and professional support.

We Keep You Smiling®

Why do 22 million enrollees trust their smiles to Delta Dental?

An industry leader with more than 50 years of dedication to dental benefits, Delta Dental delivers affordable, easy-to-use plans that feature exceptional access to quality dental care. Delta Dental sets the standard with:

Substantial savings from our comprehensive cost management systems.

The Delta Dental DifferenceSM saves clients more than a billion dollars* each year. Because Delta Dental dentists agree to our determination of fees, clients enjoy extensive cost controls, and enrollees pay less out-of-pocket.

Extensive dentist choice.

Three out of four dentists nationwide are contracted Delta Dental dentists. Our enrollees benefit from the convenient access and quality assurance associated with the nation's largest dentist network.

A world-class approach to service.

Surveyed clients and enrollees express overall satisfaction with Delta Dental — nearly 14 points higher than other dental carriers.** Our customer-responsive approach addresses every aspect of the customer experience: accurate claims processing, ease of use and administration, personalized service and a commitment to advancing dental health in the community.

Delta Dental of California, Delta Dental of Pennsylvania and Delta Dental Insurance Company, together with our affiliate companies and Delta Dental of New York, form one of the nation's largest dental benefits delivery systems, covering 22 million enrollees.

* Based on 2002-2006 annual cost management studies by Delta Dental of California's Underwriting and Actuarial departments

**Based on a nationwide (2006) survey by the Long Group for Delta Dental Plans Association



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