

Feature	Delta Dental Hawaii
Provider	Delta Dental of California 1-888-335-8227 www.deltadentalins.com/ngc
Domestic partner benefits	Yes
	General Dental Expenses
Annual deductible: Individual/Family	\$0 Individual; \$0 Family
Exclusions/limitations	Check with Plan
Deductible waived for preventive/diagnostic care	Not applicable
Annual maximum coverage per person	Maximum does not apply
	Preventive Care
Primary covered services	Exam; prophylaxis; X-rays
Preventive care benefits	100% covered; 70% covered for stannous fluoride and space maintainers
Annual service limits--preventive care	Varies by type of service; check with Plan for details
	Basic Services
Fillings	70% covered
Routine extractions	70% covered
Endodontics (root canal therapy)	70% covered
Periodontics	70% covered
Gingivoplasty or gingivectomy	70% covered
Emergency treatment for dental pain	70% covered
Annual service limits--basic services	Varies by type of service; check with Plan for details
	Major Services
Inlays/onlays	70% covered
Crowns	70% covered
Dentures	70% covered
Bridges	70% covered
Osseous surgery	70% covered
Oral surgery	70% covered
Bruxism	70% covered
Anesthesia for dental care	70% covered
Annual service limits--major services	Varies by type of service; check with Plan for details
Dental implants	70% covered; limited to \$2,000 per calendar year
	Orthodontia
Primary covered orthodontia services	Not covered
Coverage available for child? Adult?	Not covered
Start-up fees	Not covered
Orthodontia benefits	Not covered
Service limits and maximums--orthodontia	Not covered
	TMJ
TMJ benefits	Not covered