

Feature	Dental Care Plus		
	Delta Preferred Network	Delta Premier Network	Out-of-Network
Provider	Delta Dental of California 1-800-765-6003 www.deltadentalins.com/ngc		
Domestic partner benefits	Yes	Yes	Yes
General Dental Expenses			
Annual deductible: Individual/Family	\$50 Individual; \$100 Family; does not apply to diagnostic and preventive care	\$100 Individual; \$200 Family; does not apply to diagnostic and preventive care	\$150 Individual; \$250 Family; does not apply to diagnostic and preventive care
Exclusions/limitations	Check with Plan	Check with Plan	Check with Plan
Deductible waived for preventive/diagnostic care	Yes	Yes	Yes
Annual maximum coverage per person	\$2,000	\$1,500	\$1,000
Preventive Care			
Primary covered services	Exam; prophylaxis; X-rays	Exam; prophylaxis; X-rays	Exam; prophylaxis; X-rays
Preventive care benefits	100% covered	100% covered	100% covered
Annual service limits--preventive care	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
Basic Services			
Fillings	80% covered	75% covered	70% covered
Routine extractions	80% covered	75% covered	70% covered
Endodontics (root canal therapy)	80% covered	75% covered	70% covered
Periodontics	80% covered	75% covered	70% covered
Gingivoplasty or gingivectomy	80% covered	75% covered	70% covered
Emergency treatment for dental pain	80% covered	75% covered	70% covered
Annual service limits--basic services	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
Major Services			
Inlays/onlays	80% covered	75% covered	70% covered
Crowns	80% covered	75% covered	70% covered
Dentures	50% covered	50% covered	50% covered
Bridges	50% covered	50% covered	50% covered
Osseous surgery	80% covered	75% covered	70% covered
Oral surgery	80% covered	75% covered	70% covered
Bruxism	Not covered	Not covered	Not covered

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Anesthesia for dental care	80% covered; in conjunction with periodontal procedures; must be medically necessary	75% covered; in conjunction with periodontal procedures; must be medically necessary	70% covered; in conjunction with periodontal procedures; must be medically necessary
Annual service limits--major services	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details	Varies by type of service; annual plan year maximum applies; check with Plan for details
Dental implants	50% covered; limited to \$1,000 per person per lifetime	50% covered; limited to \$750 per person per lifetime	50% covered; limited to \$500 per person per lifetime
Orthodontia			
Primary covered orthodontia services	Initial banding; monthly adjustments; extractions for orthodontic reasons; orthodontic X-ray	Initial banding; monthly adjustments; extractions for orthodontic reasons; orthodontic X-ray	Initial banding; monthly adjustments; extractions for orthodontic reasons; orthodontic X-ray
Coverage available for child? Adult?	Child and Adult	Child and Adult	Child and Adult
Start-up fees	Included in lifetime maximum	Included in lifetime maximum	Included in lifetime maximum
Orthodontia benefits	50% covered	50% covered	50% covered
Service limits and maximums--orthodontia	Limited to \$2,000 per person per lifetime	Limited to \$2,000 per person per lifetime	Limited to \$2,000 per person per lifetime
TMJ			
TMJ benefits	50% covered; limited to \$500 per person per lifetime	50% covered; limited to \$300 per person per lifetime	50% covered; limited to \$250 per person per lifetime