

Feature	Preventive Care
Provider	Delta Dental of California 1-800-765-6003 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	\$500
	Preventive Care
Primary covered services	Exam; prophylaxis; X-rays
Preventive care benefits	100% covered
Annual service limits--preventive care	\$500 per person
	Basic Services
Fillings	Not covered
Routine extractions	Not covered
Endodontics (root canal therapy)	Not covered
Periodontics	Not covered
Gingivoplasty or gingivectomy	Not covered
Emergency treatment for dental pain	Not covered
Annual service limits--basic services	Not covered
	Major Services
Inlays/onlays	Not covered
Crowns	Not covered
Dentures	Not covered
Bridges	Not covered
Osseous surgery	Not covered
Oral surgery	Not covered
Bruxism	Not covered
Anesthesia for dental care	Not covered
Annual service limits--major services	Not covered
Dental implants	Not covered
	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