

Plan Benefit Highlights for: County of Humboldt

Group No: 02613

Effective Date: 1/1/2012

Delta Dental Premier®
Benefit Highlights

Eligibility	Primary enrollee, spouse and eligible dependent children to age 19 or to age 23 if dependent is full time student.		
Deductibles	\$25 per person, \$75 per family each calendar year.		
Deductibles waived for D & P?	Yes		
Maximums	\$1,500 per person each calendar year		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	80 %	80 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Crowns & Casts Restorations Crowns, inlays, onlays and cast restorations	80 %	80 %
Major Services Bridges and dentures	50 %	50 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
 ** Fees are based on Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

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Deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.