

Benefit Highlights: Delta Dental PPO TM

Plan Benefit Highlights for: U.A. LOCAL 467 - Health & Welfare Trust
(Dependent Children Only)

Group No: 00079 - 02001

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$50 per person / \$200 per family lifetime deductible			
Deductibles waived for Diagnostic & Preventive (D & P)?	No			
Deductibles waived for Orthodontics?	Yes			
Maximums	\$7,500 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings and posterior composites	100%	100%
Endodontics (root canals) Covered Under Basic Services	100%	100%
Periodontics (gum treatment) Covered Under Basic Services	100%	100%
Oral Surgery Covered Under Basic Services	100%	100%
Major Services Crowns, onlays and cast restorations	100%	100%
Prosthodontics Bridges, dentures and implants	100%	100%
Orthodontic Benefits Dependent children	50%	50%
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance 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.