

Delta Dental Premier Plans

You have the option of visiting any dentist, but if you visit a Delta Premier Dentist you'll enjoy the advantage of prenegotiated fees and convenient claims handling. Over 92% of California and 75% of U.S. dentists are participating. Visit www.DVINS.com to search for Delta Premier Providers. Plans are reimbursed on a UCR basis.

Plan Name.....	<u>2000</u>	<u>Plan I</u>	<u>1500</u>	<u>Plan II</u>	<u>Plan III</u>	<u>Plan IV</u>
Calendar Year Deductible	\$25.00*	\$25.00*	\$50.00*	\$35.00	\$50.00	\$50.00
	*No deductible for items covered at 100%					
Preventive and Diagnostic						
Emergency treatment for relief of pain	100%	100%	100%	80%	80%	80%
Routine Exams, Cleanings (Prophylaxis)	100%	100%	100%	80%	80%	80%
Bitewing X-rays, Full Mouth X-rays	100%	100%	100%	80%	80%	80%
Fluoride Treatment	100%	100%	100%	80%	80%	80%
Space Maintainers	100%	100%	100%	80%	80%	80%
Basic Dental Services						
Restorative - Amalgam or Synthetic Fillings	80%	80%	80%	80%	80%	80%
Sealants	80%	80%	80%	80%	80%	80%
Oral Surgery						
Extractions, Impacted Teeth, Cysts and	80%	80%	80%	80%	80%	80%
Neoplasms, Alveolar/Gingival Reconstructions	80%	80%	80%	80%	80%	80%
Periodontics-						
Includes treatment for diseases of the gums	80%	80%	80%	80%	80%	Major Service 50%
Endodontics-						
Root canals and Pulpal Therapy	80%	80%	80%	80%	80%	50%
Major Dental Services						
Subject to a 12 month waiting period (See Below)						
Restorative - Inlays, Implants and Crowns	50%	50%	50%	50%	50%	50%
Prosthodontics - Dentures and Partial	50%	50%	50%	50%	50%	50%
Calendar Year Maximum (Per Individual)	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000
RATES:						
Employee Only	\$ 68.80	\$ 64.00	\$ 61.80	\$ 54.50	\$ 51.60	\$ 41.10
Employee + one	\$131.40	\$122.90	\$118.30	\$ 103.70	\$ 97.80	\$ 78.90
Employee + two or more	\$193.30	\$183.10	\$175.80	\$147.20	\$136.90	\$114.40

Optional Orthodontic Benefit: (Not available with Plan IV) Rates: EE = \$2.10 EE + 1 = \$3.40 EE + 2 = \$11.60.
Plan pays a co-payment of 50% to a lifetime maximum benefit of \$1500 per patient after a 12 month waiting period.

Can the waiting period be waived?

Waiting periods do not apply to groups of 20 or more. For groups of 5 employees or more, the 12 month waiting period for Major Dental and Orthodontia Services will be waived on all employees who had continuous Dental and Orthodontia coverage during the preceding 12 months.
[Please contact us for special rates on groups with over 50 employees.](#)

Wolfpack Insurance Services, www.DentalandVisionIns.com and the Small Business Benefit Plan Trust.

We are Wolfpack Insurance Services, Inc. Our web site address is www.DentalandVisionIns.com or www.DVIns.com. We have established a small business group pool called the Small Business Benefit Plan Trust. The Trust is fully insured by Delta Dental.

Rates shown are valid from July 1, 2008 through June 1, 2009. We have two pool renewal periods:

Groups that enroll from January through June renew in January.

Groups that enroll from July through December renew in July.

Eligibility

Employer groups must have two or more full-time, unrelated employees. (Husband and wife employees count as one). Proof of a group medical plan is required for groups of less than 5 employees.

DentalandVisionIns.com

Wolfpack Insurance Services, Inc

Plan Rules

Benefit Selections

Benefits are selected by the group and not the employee. For Example: Orthodontia benefits are available to all employees of the group and cannot be individually selected.

Contribution/Participation

The employer must contribute a minimum of 50% of the employee premium. 75% of the eligible employees must participate in the plan, 100% must participate if the employer contribution is 100% of the employee premium.

Employees

All employees of the employer who are performing active work on a full time basis (20 hours a week or over) are eligible for benefits, including corporate officers, owners, or partners.

Dependents

All eligible dependents must enroll on the original effective date.

Dependents can also be added for a later effective date if they are newly eligible or as part of an open enrollment process.

Eligible dependents include legal spouse or domestic partner and unmarried children to age 19, or to age 25 if enrolled in an accredited school, college or university. The employer is responsible to report any changes to a dependent's eligibility to Wolfpack Insurance Services, Inc.

Newborn children do not need to enroll until just before their first dental appointment, usually before age 4.

Domestic Partners are defined as same-sex and opposite-sex couples registered with any government agency authorizing such registrations. Domestic Partners are subject to the same terms and conditions as any other dependent.

Effective date

When a firm joins the Plan, the coverage of its current employees will be effective on the first day of the month following approval of the firm's application to participate. Additions to the plan will be effective the first of the month after the elected probationary period from the employee's date of hire.

Billing Questions

Invoices are mailed on or about the 10th of the month prior to the coverage month and are due on the 25th of the month prior to the coverage month. Cancellation of the plan will result if premium is not received by the end of the month shown on the invoice as the 'Invoice for' month. Eligibility will not be reported unless premium for the month is fully paid. Return checks are subject to a \$20.00 fee. A monthly administration fee of \$10.00 is charged to all groups of less than 20 enrolled employees.

Enrollment materials are available for download at our website, www.DVIns.com.

800-296-0192, Fax: 650-591-4022

Delta Dental, Services Not Covered

The Delta Dental programs do not cover: Orthodontia, unless the option is selected; Service for injuries or conditions which are compensable under Workers' Compensation or Employer's Liability Laws; services which are provided to the Eligible Person by any Federal or State Government Agency or are provided without cost to the Eligible Person by any municipality, county or other political subdivision, except as provided in Section 1373(a) of the California Health and Safety Code; Services with respect to congenital (heredity) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to: cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth); Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusions, or for stabilizing the teeth. Such services including but are not limited to: equilibration and periodontal splinting; Prosthodontic services or any Single Procedure started prior to the date the person became eligible for such services under this contract; Prescribed or applied therapeutic drugs, premedication or analgesia; Experimental procedures; Prophylaxis, if the eligible patient has received two prophylaxes covered by the Program in the immediately preceding eleven months; All hospital costs and any additional fees charged by the Dentist for hospital treatment; Charges for anesthesia other than general anesthesia administered by a licensed Dentist in connection with covered Oral Surgery Services; Extra-oral grafts (grafting of tissues from outside the mouth to oral tissues) except as provided under Limitations on Prosthodontics Benefits; Services with respect to any disturbance of the temporomandibular joint (jaw joint); Replacement of existing restorations for any purpose other than restoring active tooth decay; Charges for cost of replacement and/or repairs of an orthodontic appliance furnished in whole or in part under this program; Surgical procedures for cor-