GETTING TO KNOW YOUR DELTACARE PROGRAM

DeltaCare is a dental program that provides you and your family with quality dental benefits at an affordable cost. The DeltaCare program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare network consists of private practice dental facilities that have been carefully screened for quality.

QUALITY
- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

CONVENIENCE
- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern Time

COST SAVINGS
- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to $100 each 12-month period
- No annual dollar maximum
Eligibility for you and your family
If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare program. If your program includes dependent coverage, you may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment
Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare program works
Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet including an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by DeltaCare to be covered by your DeltaCare program.

Provisions for emergency care
Under your DeltaCare program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to $100 for emergency dental expenses incurred in each 12-month period for each enrollee.

My dentist is a Delta dentist but is not on the list of DeltaCare dentists. Can I still receive treatment from this dentist?
You must receive treatment from your selected DeltaCare contract dentist. Please note that Delta dentists are not necessarily DeltaCare dentists.

Do my family members receive treatment from the same DeltaCare contract dentist?
You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may select up to a maximum of three contract dental facilities.

Can I change my contract dentist?
You may change contract dentists by contacting the Customer Relations department either by phone or in writing, or by visiting our web site (www.deltadentalca.org/pmi). If you contact us by the 21st of the month, the change will become effective the first of the following month.

Can I have my teeth whitened under the DeltaCare Program?
External bleaching is a benefit under your Program, subject to certain limitations. Talk to your contract dentist about your options.

Does my DeltaCare Program cover tooth-colored fillings and crowns on molars?
The upgrade to porcelain and other tooth-colored materials on molars is included as a benefit under your Program. The copayment shows you what your out of pocket cost will be.

How long does it take to get an appointment with a DeltaCare dentist?
Three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may have to wait longer. Most DeltaCare dentists are in private group practices, which means greater appointment availability and extended office hours.

Are pre-existing dental conditions and work in progress covered?
Treatment for pre-existing conditions such as extracted teeth is covered under the DeltaCare program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures).

How does the DeltaCare program encourage preventive care?
Your DeltaCare program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare program cover specialists’ services?
Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

What if I have questions about my DeltaCare program?
Call the Customer Relations department at (800) 422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern Time, Monday through Friday. Our Customer Relations representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.
LIMITATIONS OF BENEFITS
In addition to the following, please review Schedule A for a complete list of limitations.

1. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits.
2. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact through age 15. Benefits for sealants do not include the replacement of a sealant on any tooth within three years of its application.
3. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
4. The placement of a crown, inlay or onlay is a benefit when there is insufficient tooth structure to support a filling. Replacement of an existing crown, inlay or onlay that is non-functional or non-restorable is a benefit when the existing restoration is five years old.
5. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory application is $75.00.
6. A direct or indirect pulp cap is a benefit only on a vital permanent tooth.
7. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
8. Clinical crown lengthening - hard tissue is limited to one per tooth per lifetime.
9. Coverage for the placement of a fixed partial denture ("bridge") is limited to:
   a. The initial placement of a bridge when all the following conditions are present:
      - a single permanent tooth requires prosthetic replacement;
      - the abutment teeth can adequately support and retain a new bridge;
      - the existing bridge cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture;
      - no other missing teeth in the same arch require prosthetic replacement with a new removable partial denture; and (for a bridge replacing a posterior tooth) one or more of the abutment teeth meet Limitation #7;
   b. The replacement of an existing bridge that is not serviceable due to decay, fracture or other non-cosmetic defect, if:
      - the existing bridge is at least five years old; and
      - the same abutment teeth can adequately support and retain a new bridge; and
      - no other missing teeth in the same arch require prosthetic replacement;
10. Coverage for a new removable partial or complete denture is limited to:
    a. The initial placement of removable partial or complete denture in an arch when:
       - one or more permanent teeth require prosthetic replacement; and
       - the missing tooth/teeth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture; and
       - (for partial dentures only) there are suitable abutment teeth to retain and support a removable partial denture;
    b. The replacement of an existing removable partial or complete denture with non-cosmetic defect(s) that cause the denture to be non-serviceable if:
       - the existing removable denture is at least five years old; and
       - the existing removable denture cannot be made serviceable by adjustment, repair, relining or rebasing;
19. Interim partial dentures (stapylates), in conjunction with fixed or removable appliances, are limited to:
   a. The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture; or
   b. The replacement of permanent tooth/teeth for children under 16 years of age;
12. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist’s facility where the denture was originally delivered;

EXCLUSIONS OF BENEFITS
1. Any service that is not specifically listed as a covered expense;
2. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension. Treatment or materials primarily for cosmetic purposes including, but not limited to, porcelain or other veneers, except reconstructive surgery which is not medical in nature, and which is either (a) dentally necessary and follows surgery resulting from trauma, infection or other diseases of the involved part and is directly attributable thereto, or (b) dentally necessary because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. If treatment is not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent to or near the affected ones is excluded. If an appliance is required as a result of reconstructive surgery, the appliance so provided will be the least expensive one which is adequate for the purpose.

This exclusion will not apply if the treatment is approved by an external appeal agent pursuant to Section 4910 of the New York Insurance Law. Refer to ENROLLEE COMPLAINT PROCEDURES and Appendix A, DELTA DENTAL OF NEW YORK’S INTERNAL GRIEVANCE PROCEDURE Rider for additional information;
3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
4. Loss or theft of full or partial dentures, space maintainer, crowns and fixed partial dentures (bridges);
5. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) which are medical in nature;
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare program.
7. An extensive initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare program.
8. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
Limitations and Exclusions of Benefits

Schedule B

9. Extraction/removal of an erupted, partially erupted or impacted tooth:
   a. Solely for orthodontic purposes;
   b. When the tooth exhibits no signs or symptoms of infection, cystic
degeneration, fracture, caries and/or having caused damage to an
adjacent tooth; or
   c. When the extraction or removal would be inconsistent with generally
accepted professional standards;
10. Treatment or extraction of primary teeth when exfoliation (normal
shedding and loss) is imminent;
11. Consultations for non-covered benefits;
12. Replacement of restorations, crowns, bridges, dentures or prosthetic teeth
   to enhance cosmetics and/or better match bleached teeth;
13. Dental services received from any dental facility other than the assigned
Contract Dentist including the services of a dental specialist, unless
expressly authorized in writing by Delta or as cited under Provisions for
Emergency Care. To obtain written authorization, the Enrollee should call
the Customer Relations department at (800) 422-4234;
14. Any procedure that, in the professional opinion of the Contract Dentist or
Delta's dental consultant, is inconsistent with generally accepted standards
for dentistry and will not produce a satisfactory result;
15. All related fees for admission, use, or stays in a hospital, out-patient surgery
center, extended care facility, or other similar care facility;
16. Dispensing of drugs not normally utilized in the delivery of dental services;
17. Dental expenses incurred in connection with any dental procedure started
before the Enrollee's eligibility with the DeltaCare program. Examples
include: teeth prepared for crowns, root canals in progress, orthodontics;
18. Dental expenses incurred in connection with any dental procedures started
after termination of eligibility for coverage;
19. Treatment provided in a government hospital, or for which benefits are
provided under Medicare or other governmental program (except
Medicaid), and State or Federal workers' compensation, employer liability
or occupational disease law; benefits to the extent provided for any loss or
portion thereof for which mandatory automobile no-fault benefits are
recovered or recoverable; services rendered and separately billed by
employees of hospitals, laboratories or other institutions; services
performed by a member of the Enrollee's immediate family; and services for
which no charge is normally made;
20. Treatment required by reason of war declared or undeclared.

ORTHODONTIC LIMITATIONS

The DeltaCare program provides coverage for orthodontic treatment plans pro-
vided through Contract Orthodontists. Start-up fees, retention fees, and the cost
to the Enrollee for the treatment plan are listed in Schedule A, Description of
Benefits and Copayments and subject to the following:

1. Orthodontic treatment must be provided by the selected Contract
Orthodontist;
2. Orthodontic Copayments are listed on Schedule A, Description of
Benefits and Copayments for both interceptive and comprehensive orthodontic
treatment. Additional fees will be charged for start-up and retention;
3. Benefits cover 24 months of active interceptive orthodontic treatment;
4. Benefits cover 24 months of active comprehensive orthodontic treatment,
including initial banding, de-banding and any commonly used appliances
such as headgear;
5. Following benefited interceptive or comprehensive orthodontic
treatment, retention is covered up to a maximum of 24 months. Retention
includes the initial construction, placement and adjustment to removable
retainers and office visits;
6. Treatment plans extending beyond 24 months of active interceptive or
comprehensive orthodontic treatment, or 24 months of retention, will be
subject to a monthly office visit fee to the Enrollee not to exceed $125.00
per month;

7. Should an Enrollee's coverage be cancelled or terminated for any reason,
and at the time of cancellation or termination the Enrollee is receiving
orthodontic treatment, the Enrollee will be solely responsible for payment
for treatment provided after cancellation or termination. In this event the
Enrollee's obligation shall increase to a maximum of $2,800.00 for Enrollees
and covered dependents to age 19 and $3,000.00 for Enrollees and covered
dependents over age 19. The Contract Orthodontist will prorate the amount
over the number of months remaining in the initial 24 months of treatment.
The Enrollee will make payments based on an arrangement with the
Contract Orthodontist;
8. Three recementations or replacements of a bracket/band on the same tooth
or a total of five rebracketings/rebandings on different teeth during the
covered course of treatment are Benefits. If any additional recementations
or replacements of brackets/bands are performed, the Enrollee is
responsible for the cost at the Contract Orthodontist's usual fee;
9. The Copayment is payable to the Contract Orthodontist who initiates
banding in a course of orthodontic treatment. If, after banding has been
initiated, the Enrollee changes to another Contract Orthodontist to
continue orthodontic treatment, the Enrollee:
   a. will not be entitled to a refund of any amounts previously paid, and
   b. will be responsible for all payments, up to and including the full
Copayment, that are required by the new Contract Orthodontist for
completion of the orthodontic treatment.

ORTHODONTIC EXCLUSIONS

1. Pre-, mid- and post-treatment records that include cephalometric x-rays,
tracings, photographs and study models;
2. Lost, stolen or broken orthodontic appliances;
3. Surgical procedures incidental to orthodontic treatment;
4. Myofunctional therapy;
5. Surgical procedures which are medical in nature related to cleft palate,
micrognathia or macrognathia;
6. Treatment related to temporomandibular joint disturbances which are
medical in nature;
7. Supplemental appliances not routinely used in comprehensive
orthodontics, including, but not limited to, palatal expander, habit control
apparatus, pendulum, quad helix, or herbst;
8. Restorative work caused by orthodontic treatment;
9. Extractions solely for the purpose of orthodontics;
10. Treatment in progress at inception of eligibility;
11. Patient initiated transfer after bands have been placed;
12. Composite or ceramic brackets, lingual adaption of orthodontic bands, and
other specialized or cosmetic alternatives to standard fixed and removable
orthodontic appliances.

If you have any questions or need additional information, call:

Toll Free (800) 422-4234 or write:
12898 Towne Center Drive
Cerritos, CA 90703-8579

Visit us at our web site: www.deltadentalca.org/pmi

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NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.
The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you
upon enrollment.