

- **HOW IT WORKS**

When you enroll in DeltaCare, select a Participating Dentist from the list. This location is now the center for all of your dental needs.

After you have enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that fully describes the benefits of your dental plan as well as a DeltaCare membership card. This card will have the address and telephone number of your participating panel dentist. To receive all necessary dental care covered by the plan, simply call your selected provider to make an appointment.

Remember to always contact your selected panel dentist. Dental services which are not performed by your panel provider nor prior authorized by PMI will not be covered by the DeltaCare program.

- **WHO CAN JOIN**

You can also enroll your eligible dependents, which include your lawful spouse and unmarried children; including step-children, legally adopted and foster children to the limiting age as specified by state law.

<u>DeltaCare - Plan A35</u>	
Bi-Weekly Payroll Deduction	
Individual.....	\$24.00
Individual & one dependent.....	\$32.00
Family.....	\$41.00
Monthly Bankdraft Deduction	
Individual.....	\$52.00
Individual & one dependent.....	\$69.33
Family.....	\$88.83

- **ADVANTAGES**

- √ **NO CLAIM FORMS**

The dental location you choose provides all primary dental services. There are no claim forms to complete or percentage of usual charges for you to pay.

- √ **NO DEDUCTIBLES**

In the DeltaCare program there are no required deductibles to pay so your benefits begin immediately.

- √ **NO DOLLAR LIMIT OF DENTAL BENEFITS**

No annual limit.

- √ **NO PRE-EXISTING CONDITONS RESTRICTED**

These conditions are not excluded in a DeltaCare program. Exception: Work in progress.

- √ **PREPAID PLAN SAVES ON DENTAL COST**

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment and this aids in better fiscal planning for you and your family.

- √ **QUALITY REVIEW OF DENTAL PROVIDERS**

On site audit of participating dental locations to insure that established standards of quality are maintained.

- √ **SPECIALTY SERVICES**

The DeltaCare program offers services in dental specialty areas. These include periodontics (treatment of diseased gums and bone), endodontics (root canal therapy), and oral surgery procedures.

- **SUMMARY OF BENEFITS**

The DeltaCare program provides all reasonable and customary dental care (subject to the provisions, limitations and exclusions as shown in the Combined Evidence of Coverage and Disclosure Form) if care is rendered by your assigned DeltaCare panel dentist. There is no cost for covered services to the primary enrollee or eligible dependent enrollee except for co-payments on certain procedures. (See Description of Benefits and Co-payments on reverse side.)

- **EMERGENCY SERVICES**

You are also covered for out-of-area dental emergencies. This program will pay dental expenses incurred up to a maximum of \$50.00 during each 12 calendar months. "Out-Of-Area" means 35 miles or more from your selected DeltaCare participating dentist's office.

Please note: With DeltaCare you receive the same benefits at the specialist office that you would receive from a general Dentist. With all other prepaid dental plans you only receive a 25% discount of specialty care, which is much higher. For more information on why DeltaCare should be your prepaid Dental Plan, please call:

1 (800) 578-2082

**SUMMARY OF BENEFITS AND
COPAYMENTS**

These procedures are performed as needed and deemed necessary by your Provider Dentist subject to the Limitation, Exclusions and Governing Administrative Policies of the program.

Enrollee pays

DIAGNOSTIC

Oral examination.....	No Cost
Bitewing radiograph(s)	No Cost
Panoramic film.....	No Cost
Pulp vitality tests.....	No Cost

PREVENTIVE

Prophylaxis (adult/child) one per 6 month period	No Cost
Topical application of fluoride including prophylaxis (1 per 6 months).....	No Cost

RESTORATIVE

Amalgam - one surface, primary.....	\$ 20.00
Amalgam - four surfaces, primary	\$ 22.00
Amalgam - one surface, permanent	\$ 20.00
Amalgam - four surfaces, permanent.....	\$ 26.00
Resin - one surface, anterior	\$ 21.00
Sedative filling.....	\$ 16.00

ORAL SURGERY

Routine extraction - single tooth, each additional	\$ 18.00
Surgical removal of erupted tooth.....	\$ 30.00
Removal of impacted tooth - soft tissue.....	\$ 50.00
Removal of impacted tooth - completely bony	\$ 75.00
Alveoplasty in conjunction with extraction per quadrant.....	\$ 65.00
Frenulectomy - (frenectomy or frenotomy) separate procedure	No Cost

PERIODONTICS

Gingivectomy or gingivoplasty, per quadrant	\$175.00
Root planing & periodontal scaling, gingival curettage, per quadrant	\$ 45.00
Osseous surgery, flap entry & closure, per quadrant	\$300.00

PROSTHETICS

Crown - porcelain/ceramic.....	\$325.00
Crown - porcelain fused to high noble metal*.....	\$325.00
Crown - full cast noble metal*	\$225.00
Denture – complete upper or lower.....	\$250.00
Immediate Denture - maxillary	\$325.00
Immediate Denture - mandibular	\$325.00
Adjust complete denture – maxillary	\$ 10.00
Adjust complete denture - mandibular.....	\$ 10.00
Denture reline/rebase chairside (complete or partial)	\$ 50.00
Bridge pontic - metal*	\$225.00

*Precious and semi-precious metals, if used, will be charged to the enrollee at the additional cost of the metal. This applies to crowns, bridges, and cast post and cores.

ENDODONTICS

Root canal therapy – anterior.....	\$ 60.00
Root canal therapy – bicuspid.....	\$120.00
Root canal therapy – molar	\$180.00

ADJUNCTIVE GENERAL SERVICES

Palliative (emergency) treatment of dental pain	\$ 15.00
Local anesthesia.....	No Cost
Consultation.....	\$ 25.00
Office visits after regularly scheduled hours	\$ 20.00

ORTHODONTICS

Listed Co-Pay for children to age 19 and adult orthodontics included

Please note: This is only a summary of the co-payments and benefits. For more information on Dental Plans, please call:

1 (800) 578-2082 or
(770) 963-3939

An Evidence of Coverage will be sent to you upon enrollment.

Disclaimer: Professional Benefit Administrators has no liability for providing or guaranteeing service and has no liability or responsibility for the quality of service rendered

DeltaCare

Plan A35

(Georgia, Florida, Texas)

Presented by



Professional Benefit Administrators

(770) 963-3939

or

(800) 578-2082

www.pbainsurance.net