



**DeltaDental CA** # 123456789 8/29/2006 10:53 AM

**Group Number** 0000-0001 **Group Name** EMPLOYER CITY  
**Subscriber Name** JOHN SMITH **Additional Info.** Please complete the customer service request form for details on your coverage.  
**Plan Type** Delta Preferred Option

Patient			
Name	Relationship	Birthday	Effective Date
JOHN SMITH	Self	1/1/2000	1/1/1998

**Plan Maximums and Benefits for Benefit Year 1/1/2006 - 12/31/2006**

Benefit Class	Network Participation	Individual				Family			
		Deductible		Maximum		Deductible		Maximum	
		Annual	Lifetime	Annual	Lifetime	Annual	Lifetime	Annual	Lifetime
All Covered Classes (Excluding Ortho)	DPO	\$38.00	\$350.00	\$1,500.00	\$3,500.00	\$400.00	\$600.00	\$3,000.00	\$6,000.00
All Covered Classes (Excluding Ortho)	Non-DPO	\$35.00	\$480.00	\$1,550.00	\$3,550.00	\$330.00	\$630.00	\$3,050.00	\$6,050.00

**Benefit Levels**

*Benefit Class	Network Participation	**%Delta Pays	Deductible	^Waiting Period
Basic Restorative	DPO	50.00 %	Yes	None
Crowns	DPO	35.00 %	Yes	7 Month(s)
Prosthetics	DPO	55.00 %	Yes	6 Month(s)
Basic Restorative	Non-DPO	60.00 %	Yes	None
Crowns	Non-DPO	80.00 %	Yes	7 Month(s)
Diagnostic & Preventative	Non-DPO	45.00 %	Yes	None
Prosthetics	Non-DPO	40.00 %	Yes	6 Month(s)

\* Procedure classification may vary by program.  
 \*\*Delta's Co-Payment may vary depending on your Benefit Plan. Basis of Payment for non-Delta dentists may vary.  
 ^ Some programs require patients to wait for a certain length of time before they are eligible to receive certain types of service.

**Individual Balances**

Benefit Class	Network Participation	Individual				Family			
		Deductible		Maximum		Deductible		Maximum	
		*Annual	*Lifetime	*Annual	*Lifetime	*Annual	*Lifetime	*Annual	*Lifetime
All Covered Classes (Excluding Ortho)	DPO	\$38.00	\$350.00	\$1,500.00	\$3,500.00	\$400.00	\$600.00	\$3,000.00	\$6,000.00
All Covered Classes (Excluding Ortho)	Non-DPO	\$35.00	\$480.00	\$1,550.00	\$3,550.00	\$330.00	\$630.00	\$3,050.00	\$6,050.00

\* Indicates remaining deductible and maximum  
 Note: Remaining maximum and deductible amounts reflect only claims that Delta has completed processing.

The Provider understands that receipt or use of this information does not guarantee payment of any health care claim by this payer and such information is subject to change, even retroactively, at any time.