

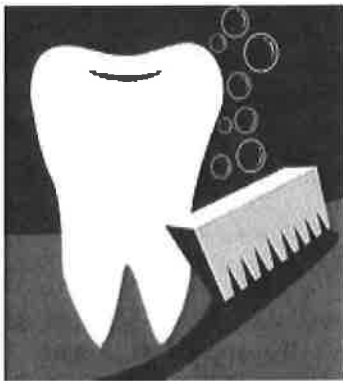


CALIFORNIA'S
VALUED TRUST

DELTA DENTAL PLAN OF CALIFORNIA INFORMATION SHEET

NEVADA COUNTY SOS CERTIFICATED

PPO STANDARD SCHOOL INCENTIVE PLAN



**Usual, Customary and Reasonable Fee Concept
Basic Services, Crowns and Cast Restorations:**

Co-Payment Schedule:

70/30	First Year
80/20	Second Year
90/10	Third Year
100%	Fourth Year

Prosthodontics & Implants Co-Payment: 50/50
(Prosthodontic base benefit includes Implants)

- **2 CLEANINGS PER PATIENT PER CALENDAR YEAR**
- **\$2,000 ANNUAL MAXIMUM PER PATIENT PER CALENDAR YEAR**
- **100% DIAGNOSTIC / PREVENTIVE**

DELTA DENTAL PPO/PREMIER INCENTIVE PLAN

In Network- (using Delta PPO provider's) you will receive an additional \$200 annually toward your calendar year maximum over claims paid for providers in the Delta Premier Incentive Plan.

Out of Network- (using Delta Premier Providers) your claims are paid at incentive level without additional \$200 annual maximum.

100% payment for dental services rendered in case of an accident, subject to a *SEPARATE* \$1,000 Annual Maximum