



VIVA PEEHIP

Group #0837

Effective 10/1/09

DESCRIPTION OF DELTA DENTAL'S GROUP DENTAL PROGRAM

BENEFIT DESCRIPTION (Based on Usual, Customary & Reasonable Fees)

DIAGNOSTIC & PREVENTIVE

100% (No Deductible)

Procedures to assist the dentist in determining required dental treatment (oral examinations, x-rays, emergency office visits); prophylaxis (cleaning); topical application of fluoride solutions, space maintainers and sealants (to seal developmental grooves and pits in teeth for the purpose of preventing decay).

BASIC SERVICES

50% (After Deductible)

Fillings, procedures for the repair of partial or complete dentures, non-surgical periodontics, simple extractions and general anesthesia, when administered by a dentist for a covered oral surgery procedure.

MAJOR SERVICES

25% (After Deductible)

Crowns, bridges, partial or complete dentures, repair of fixed bridges, oral surgery (surgical extractions and other oral surgery procedures); endodontics (treatment of the tooth pulp/root canal therapy) and surgical periodontics (treatment of gums supporting the teeth).

DEDUCTIBLE: **\$50 PER PATIENT PER CALENDAR YEAR**
 \$150 PER FAMILY PER CALENDAR YEAR
 NOT APPLIED TO DIAGNOSTIC & PREVENTIVE SERVICES.

MAXIMUM: **\$500 PER PATIENT PER CALENDAR YEAR**

* *Limitations may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for a list of benefit limitations and exclusions.*

** *Fees are based on usual, customary & reasonable fees (UCR). Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.*



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Claims Address

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