



FOR EMPLOYER GROUPS OF 3 – 99 LIVES

Multi Benefit Plans Trust offers DeltaPreferred Option (DPO), Delta Dental’s PPO program. DPO allows enrollees to choose any dentist. However, enrollees receive their best benefits when visiting a DPO dentist.

DPO dentists are Delta dentists who have agreed to charge DPO patients reduced fees. There are over 14,000 DPO providers in California, making Delta’s DPO network one of the largest PPO networks in California. You may request a provider directory from PacFed Benefit Administrators or search for providers on line at www.deltadentalca.org/directory/ click on DeltaPreferred Option.

Emerald 10 and Diamond 15 Plans

Services – Benefits	Delta’s Payment	Enrollee’s Payment *	
		When Visiting an In-Network Dentist	When visiting an Out-of Network Dentist**
<p>No Deductibles</p> <p>Diagnostic and preventive services (No Deductible) such as oral exams, x-rays, cleanings and fluoride treatments.</p> <p>Basic services include fillings, oral surgery and sealants (deductible applies).</p> <p>Crowns, casts restorations and prosthodontics includes, caps, veneers, dentures, bridges, root canals and periodontal services (deductible applies).</p> <p>Deductible, per person, per calendar year</p> <p>(Maximum per family), per calendar year.</p> <p>Calendar Year Maximum</p> <p>Emerald 10 - \$1,000</p> <p>Diamond 15 - \$1,500</p>	<p>100%</p> <p>80%</p> <p>50%</p>	<p>0%</p> <p>20%</p> <p>50%</p> <p>\$50</p> <p>\$150</p>	<p>Any amount above the approved DPO fee</p> <p>20% of approved DPO fee, plus any amount above the approved DPO fee that the dental office may charge.</p> <p>50% of approved DPO fee, plus any amount above the approved DPO fee that the dental office may charge.</p> <p>\$50</p> <p>\$150</p>
<p>Optional Orthodontic Services (Children Only—Groups of 25 or more lives)</p> <p>Co-payment</p> <p>Lifetime Maximum</p>	<p>50%</p> <p>\$1,000</p>	<p>50% of all charges to Lifetime Maximum</p>	<p>50% of all charges to Lifetime Maximum</p>

* An in-network dentist agrees to charge DPO enrollees the approved DPO fee. If an out-of-network dentist charges more than the DPO fee, the patient is responsible for the difference.

** Although Delta endodontists, oral surgeons and periodontists are not under a DPO contract, treatment provided by these specialists is covered at the program’s in-network benefit level.

Emerald 10 & Diamond 15 DPO Enrollment Guidelines

Q. How many employees must my company have to qualify?

A. This program is available to employer groups of 3 to 100 employees.

Q. Which employees are eligible?

A. All full-time, permanent employees who work a minimum of 24 hours per week are covered under this program. New hires must wait three months before their coverage begins, or as mirrors your group-sponsored medical plan. Contract employees (category 1099 employees) are not eligible. If a company's group medical plan uses a definition of at least 20 hours per week, the same definition may be used for this dental plan.

Q. Is my company eligible?

A. Most industries do qualify, although some have been excluded (for example, companies that hire seasonal employees). To make sure your company qualifies please refer to our list of eligible industries on the following page. Employers with enrollment of 3 to 10 employees are required to submit their latest DE6 (California Quarterly Wage Report). The DE6 may also be required in renewal years.

Q. What portion of the cost are employers required to contribute?

A. We've designed this program for employers who will contribute 100% of their employees' premiums, and at least 50% of dependents' dues. An employer may choose to make less than 50% of dependent premiums, however, 75% of eligible dependents must enroll for a contract to be issued.

Q. Does Élan have a rate guarantee?

A. Yes, your rates are guaranteed for two years, for each employer, for business written with an effective date of January 1, 2007 through December 1, 2008.

Q. How long will these rates be offered?

A. All rates shown here are valid for new groups enrolling no later than December 1, 2008.

Q. Can I offer a choice of more than one dental program to my employees?

A. Yes, DeltaCare program may be offered alongside the PPO program DeltaPreferred Option. When offering dual choice programs, there MUST be at least 3 enrollees in DeltaPreferred Option and 3 enrollees under DeltaCare.

Q. What are the requirements when offering ortho under a dual choice plan?

A. A minimum of 25 employees must be enrolled in the DPO Plan.

Q. Must I enroll all our employees' dependents?

A. No. However, if eligible dependents do not enroll when they become eligible, they cannot enroll at a later date unless they show proof of loss of coverage under another group dental program.

Q. When are new dependents eligible to enroll?

A. When new dependents become eligible, they must be enrolled on the first day of the month following their eligibility as dependents. However, dependent children up to four years of age may be enrolled at the beginning of any contract year, including the contract year immediately following their fourth birthday.

Q. When are existing dependents eligible to enroll?

A. Eligible dependents must enroll at the same time as the primary enrollee.

Q. What happens if a dependent who has dental coverage under another program loses that coverage?

A. Eligible dependents who lose their existing dental coverage must be enrolled with Élan the first day of the month following their loss of coverage.

Q. What are the age limits for dependent children?

A. Dependent children are covered to age 19. If they are full-time students, their coverage is extended to age 25.

Q. When can one of my employees terminate a dependent's coverage?

A. Once a primary enrollee's dependents are enrolled, contributions for these dependents must continue to be made by the primary enrollee until one of the following occurs (whichever is earlier) (a) the primary enrollee's coverage terminates, or (b) the dependent is no longer eligible, or (c) the dependent enrolled is covered under another dental program.

Administered by:

PacFed Benefit Administrators, Inc.
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Glendale, California 91202
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Eligible Industries

Tier One	SIC Code	Tier Two	SIC Code
Advertising (except Misc. not classified #7319)	7311-7313	Transportation	4000-4799
Agriculture, Forestry, Fishing (except seasonal employees)	0100-0999	Utilities	4900-4999
Auto Rental Agencies	7513-7519	Wholesale Trade	5000-5199
Building Maintenance/Equipment Rental	7349-7359	Auto Dealerships	5511-5599
Collection Agencies & Credit Reporting Svcs	7322-7323	Automobile Parking Services	7521
Communication (Radio, Telephone TV/Radio Broadcasting)	4800-4899	Computer Programming & Related Services	7370-7379
Disinfecting & Pest Control Services	7342	Construction Contractors	1500-1799
Education (except Private Schools)	8200-8299	Direct Mailing Reproductions, Secretarial Services	7337-7338
Electrical Repair (Radio, TV, A/C, Refrigerator)	7622-7629	Engineering & Management Services	8700-8799
Finance (Banks, Securities, Credit Agencies)	6000-6299	Hotels	7000-7099
Funeral Services & Crematories	7261	Insurance Carriers/Brokers	6300-6499
Furniture Repair/ Reupholsters	7641	Legal	8100-8199
Hospitals	8062-8069	Medical Groups	8000-8059 8082-8099
Independent Auto Repair & Services	7532-7599	Misc. Repair (Welding, etc.)	7692-7699
Laundry/Garment Services/Shoe Repair Shops	7211-7219/7251	Photo Finishing Labs	7384
Manufacturing (except Jewelry Manufacturing)	2000-3999	Photographic Studios	7221
Mining, Oil and Gas Extraction	1000-1499	Private Schools (Elementary & High Schools)	8211
News Syndicates	7383	Restaurants	5800-5899
Printing & Publishing	2700-2799	Security Systems, Detectives, Armored Cars	7381-7382
Public Administration (Cities, Counties, Police)	9000-9999	Tax Return Preparation Services/Misc. Personal Services	7291-7299
Retail (except Auto Agencies & Restaurants)	5200-5150 5600-5999		

Ineligible Industries

Advertising, Misc. not classified	7319	Jewelry Manufacturing	3911-3915
Amusement, Recreation & Entertainment	7800-7999	International Affairs	6721
Associations and Trusts	8600-8699	Misc. Business Services	7389
Beauty & Barber Shops	7231-7241	Misc. Services not elsewhere classified	8999
Community Service Organizations	8300-8499	Real Estate	6500-6799
Dental Offices and Dental Labs	8021, 8071, 8072	Seasonal Employees (Holiday and Part-Time help)	No SIC
Employment Agencies	7361-7363	Seasonal Employees (Agriculture)	0761-0783
Government Funded Groups	8300-8499	Watch, Clock, Jewelry Repair	7631
Groups with High Turnover	Varies		

GENERAL INFORMATION, EXCLUSIONS and LIMITATIONS

Limitations

- a) Coverage for prophylaxis is limited to two in any calendar year, per patient under any Delta Program.
- b) Only the first two oral examinations, including office visits for observation and specialist consultations, or combination thereof, provided to a patient in a calendar year while he or she is an enrollee under any Delta program are benefits under this program.
- c) Full-mouth x-rays are covered only once in a five-year period. Coverage for bitewing x-rays is limited to twice in any calendar year for children to age 18 and once in any calendar year for adults age 18 and over.
- d) Sealant benefits include the application of sealants only to permanent first and second molars with no cavities (decay), with no restorations and with the occlusal surface intact, for first molars up to age 9 and second molars up to age 14. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application.
- e) Direct composite (resin) restorations are benefits on anterior teeth and the facial surface of bicuspid. Any other posterior direct composite (resin) restorations are optional services and Delta's payment is limited to the cost of the equivalent amalgam restorations.
- f) Crown, Jackets, Inlays, Onlays and Cast Restorations are benefits on the same tooth only once every five years, while you are eligible under any Delta program.
- g) Prosthodontic appliances are benefits only once every five years, unless Delta determines that there has been such an extensive loss of remaining teeth or a change in supporting tissues that the existing appliance cannot be made satisfactory.
- h) Delta will pay the contractual percentage of the dentist's fee for a standard partial or complete denture up to a maximum fee allowance. This fee allowance is the fee that would satisfy the majority of Delta dentists. A standard partial of complete denture is one made from accepted materials and by conventional methods. The maximum fee allowance is revised periodically, as dental fees change. If a dentist's accepted fee on file with Delta for a partial or complete denture is higher than this maximum allowance, the patient must pay a portion of the dentist's fee that exceeds Delta's allowance, in addition to the predetermined co-payment percentage.
- i) If an enrollee selects a more expensive plan of treatment than is customarily provided, or specialized techniques rather than standard procedures, Delta will pay the applicable percentage of the lesser fee and the patient will be responsible for the remainder of the dentist's fee.
- j) Diagnostic casts are a benefit only when made in connection with subsequent covered orthodontic treatment.

Exclusions

Delta covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. Enrollees should become familiar with these services before visiting the dentist. Delta does not provide benefits for:

- 1) Services for injuries covered by Workers' Compensation or Employer's Liability laws, or services which are paid by any federal, state or local government agency, except Medi-Cal benefits;
 - 2) Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel;
 - 3) Treatment which restores tooth structure that is worn, treatment which rebuilds or maintains chewing surfaces that are damaged because the teeth are out of alignment or occlusion or treatment which stabilizes the teeth. Examples of such treatment are equilibration and periodontal splinting;
 - 4) Any procedures which were started before the effective date of the program;
 - 5) Prescribed or applied therapeutic drugs, premedication or analgesia;
 - 6) Experimental procedures;
 - 7) Changes by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility;
 - 8) Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures;
 - 9) Grafting tissues from outside the mouth to tissue inside the mouth (extraoral grafts), implants (materials implanted into bone or soft tissue), or the repair or removal of implants or any treatment in conjunction with implants, except as provided under prosthodontic benefits;
 - 10) Services for any disturbance of the jaw joint (temporomandibular joint, or TMJ) or associated muscles, nerves or tissues;
 - 11) Orthodontic Services;
 - 12) Intravenous sedation, occlusal guards and complete occlusal adjustment;
 - 13) Replacement of existing restorations for any purpose other than restoring active tooth decay.
- This brochure is only a summary of the DeltaPreferred Benefit Plan. Each Enrolled employee will receive a detailed "Evidence of Benefits" booklet which describes and governs the Plan.
 - Claims will be paid by Delta Dental Plan Of California. The dental office will submit claims directly to Delta at no charge to the patient.