

2008 DENTAL PLANS

	PACIFICARE HMO Dental 146	DELTA CARE / PMI HMO Plan CAA22	PACIFIC UNION Imperial 1000	DELTA PREFERRED OPTION PPO Plan	
BI-WEEKLY RATES	1/1/08	1/1/08	1/1/08	1/1/08	
Employee Only	\$9.00	\$9.00	\$11.50	\$22.75	
Employee + One Dependent	\$16.00	\$16.00	\$19.00	\$39.50	
Employee + Two or More Dependents	\$24.50	\$23.00	\$28.00	\$65.50	
NETWORK	Choose Panel Dentist	Choose Panel Dentist	Choose Panel Dentist – Limited Network	In-Network	Out-of-Network
ANNUAL MAXIMUM	None	None	None	\$1,000 / Cal Yr \$2,000 Ortho Lifetime	\$1,000 / Cal Yr \$2,000 Ortho Lifetime
DEDUCTIBLE	None	None	None	None	\$50, waived for preventive services
PREVENTIVE SERVICES					
Office visit	No Charge	No Charge	No Charge	No Charge	No Charge
Oral Exams	No Charge	No Charge	No Charge	No Charge	No Charge
Complete x-rays	No Charge	No Charge	No Charge	No Charge	No Charge
Prophylaxis (cleaning) 1 per 6 month period - DHMO 2 per calendar year - DPO	No Charge	No Charge	No Charge	No Charge	No Charge
Bitewing - single film	No Charge	No Charge	No Charge	No Charge	No Charge
Topical fluoride treatments	No Charge	No Charge	No Charge	No Charge	No Charge
RESTORATIVE SERVICES					
Amalgam - 1 tooth surface	No Charge	No Charge	No Charge	20%	50%
Amalgam - 2 tooth surfaces	No Charge	No Charge	No Charge	20%	50%
Amalgam - 3 tooth surfaces	No Charge	No Charge	No Charge	20%	50%
CROWN, CAST AND PROSTHETICS*					
Crown 3/4 cast metal	\$110	\$90	No Charge	40%	50%
Resin Crown (Not for molars)	\$90	\$90	No Charge	40%	50%
Porcelain / Ceramic (Not for molars)	\$110	\$90	No Charge	40%	50%
Pontic cast noble metal	\$110	\$90	No Charge	40%	50%
Pontic porcelain fused to metal	\$110	\$90	No Charge	40%	50%
* Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast and cast cores, inlays and onlays.					
ENDODONTICS					
Root Canal – anterior	\$45	\$45	No Charge	20%	50%
Root Canal – bicuspid	\$85	\$90	No Charge	20%	50%
Root Canal – molar	\$130	\$135	No Charge	20%	50%
Pulp Capping	No Charge	No Charge	No Charge	20%	50%
DENTURES					
Repair broken complete base	\$10	\$20	No Charge	40%	50%
Complete upper or lower	\$110	\$110	No Charge	40%	50%
Partial upper or lower	\$90	\$125	No Charge	40%	50%
Adjust full upper or lower	\$0	\$10	No Charge	40%	50%
Add tooth or clasp	\$10	\$10	No Charge	40%	50%
Reline full upper or lower	\$50	\$45	No Charge	40%	50%
PERIODONTICS					
Gingivectomy per quadrant	\$40	\$125	No Charge	20%	50%
Gingivectomy per tooth	\$5	\$25	No Charge	20%	50%
ORAL SURGERY					
Simple extraction - single tooth	No Charge	\$3	No Charge	20%	50%
Removal of impacted tooth (soft tissue)	\$25	\$40	No Charge	20%	50%
Removal of impacted tooth (completely bony)	\$50	\$80	No Charge	20%	50%
ORTHODONTICS					
Start-up Fee	\$250	\$350	\$200	Not applicable	Not applicable
Adolescent	\$1,895	\$1,600	\$1700	50%, max \$2,000	50%, max \$2,000
Adult	\$1,895	\$1,800	\$1700	50%, max \$2,000	50%, max \$2,000

The above is a brief summary of benefits only and not an offer of insurance. Please refer to your Evidence of Coverage for a complete description of benefits and exclusions.