

Plan Benefit Highlights for: Sacramento Area Electrical Workers Health & Welfare Trust Fund

Group No: 3736

Effective Date: 1/1/2012

Delta Dental Premier®
Benefit Highlights

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26 .		
Deductibles	\$50 per person / \$150 per family each calendar year		
Deductibles waived for D & P?	Yes		
Maximums	\$2,000 per person each calendar year		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions, sealants	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Major Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures , implants	80 %	80 %
Orthodontic Benefits Adults & eligible dependent children	80 %	80 %
Orthodontic Maximums	\$ 2,000 Lifetime	\$ 2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Fees are based on Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.