



CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

Delta Dental Standard Incentive Rates Plan Year 2009/2010

Usual Customary and Reasonable Fee Concept.

Basic, Crowns, and Cast Restorations Co-Payment: 70/30 First Year, 80/20 Second, 90/10 Third, 100% Fourth

Prosthodontics Co-Payment: 50/50

100% payment for dental services rendered in case of accident subject to separate \$1,000 maximum.
\$1,000 maximum per patient per calendar year.

Component	Composite	Three-Tiered Employee Only	Three-Tiered Employee + One	Three-Tiered Employee + Family
Standard Incentive	Basic Rate: (Options below may be added at the listed rate)			
	\$91.60	\$45.12	\$81.71	\$117.47
\$1,500 Annual Maximum	\$16.50	\$8.14	\$14.71	\$21.16
\$2,000 Annual Maximum	\$24.73	\$12.17	\$22.04	\$31.71
Unlimited Annual Maximum	\$34.82	\$17.14	\$31.06	\$44.62
3 Cleanings Per Year	\$1.34	\$0.65	\$1.21	\$1.75
4 Cleanings Per Year	\$2.79	\$1.36	\$2.50	\$3.58
100% Diagnostic/Preventive	\$1.23	\$0.61	\$1.12	\$1.58
Prosthodontics 70/30	\$1.23	\$0.61	\$1.12	\$1.58
Prosthodontics 70,80,90,100%	\$10.05	\$4.97	\$8.98	\$12.90
Nitrous Oxide	\$0.31	\$0.17	\$0.28	\$0.43
12-Month Wait For Ortho	(\$0.33)	(\$0.14)	(\$0.28)	(\$0.43)
Implants Option I	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$500 lifetime maximum per patient.			
	\$1.23	\$0.61	\$1.12	\$1.58
Implants Option II	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$1000 lifetime maximum per patient.			
	\$2.04	\$1.01	\$1.81	\$2.63
Implants Option III	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$1500 lifetime maximum per patient.			
	\$2.75	\$1.35	\$2.48	\$3.54



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Implants Option IV	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$1500 annual maximum per patient.			
	\$4.47	\$2.20	\$3.98	\$5.72
Implants Option V	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$2000 annual maximum per patient.			
	\$5.95	\$2.93	\$5.31	\$7.63
Implants Option VI	Usual, Customary and Reasonable Fee Concept. Implant Copay 50/50. \$2500 annual maximum per patient.			
	\$7.44	\$3.67	\$6.64	\$9.53