UC Davis Health System (UCDHS)
Resident Medical Staff
DENTAL PLAN BENEFIT SUMMARY
Effective: July 1, 2004

Provided by Delta Dental Plan of California (Group #9561-0001) Delta: (888) 335-8227
www.deltadentalca.org

Enrollment in this coverage is automatic. If you wish to opt-out of this insurance plan, please contact the Resident/Fellow Program at 734-6387

UCDMC pays the total monthly premium; you are responsible for necessary co-payments

COVERED EXPENSES (if a Delta dentist is used; partial list):

- **DIAGNOSTIC AND PREVENTIVE BENEFITS:**
  - oral exam; x-rays; cleaning; fluoride
  - 100% of dentist’s fee

- **BASIC BENEFITS:**
  - oral surgery; fillings; root canals; periodontics
  - 80% of dentist’s fee

- **CROWNS, JACKETS, CAST RESTORATIONS:**
  - 50% of dentist’s fee

- **PROSTHODONTIC BENEFITS:**
  - bridges, dentures
  - 50% of dentist’s fee

- **ORTHODONTIC BENEFITS:**
  - procedures using appliances or surgery to realign teeth
  - 50% up to lifetime maximum benefit of $1,500

- **TEMPOROMANDIBULAR JOINT (TMJ) DYSFUNCTION:**
  - Occlusal devices and guards
  - 50% up to lifetime maximum benefit of $500

SERVICES NOT COVERED (partial list):

- injuries or conditions covered by Workers’ Compensation
- cosmetic surgery/dentistry for purely cosmetic reasons
- prescribed drugs, pre-medications, or analgesia

EXPENSE BENEFITS

- **CALENDAR YEAR DEDUCTIBLE:**
  - $50 per person
  - $150 per family

- **CALENDAR YEAR MAXIMUM:**
  - $1,500 per person

Please notify the Resident Program Human Resources unit, of any change in family status, i.e., birth, marriage, adoption, divorce, over-age child.

This information is a brief description of important features of your insurance plan. In case of conflict with the contract, the terms of the contract apply.

For questions or problem resolution, contact UCDHS Human Resources Resident/Fellow Program: Fern Murphy at (916) 734-3416 or Erlinda Margurite at (916) 734-2756.

Revised: 7/1/04