

DeltaCare USA Basic and Delta Dental PPO Level I Enhanced Plans Benefits Comparison

For eligible employees in the following categories: Unit 10, Unit 11, (Teaching Associates)

Dental Procedures	DeltaCare USA Basic Plan Charges	Delta Dental PPO of California Enhanced Level I Plan Pays
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per calendar year No charge – only to age 19 No charge No charge No charge No charge No charge (Full mouth x-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth x-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry	(No Deductible)*	(Deductible)*
Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	No charge for amalgam Local – no charge; General – not covered Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Prosthetic Dentistry	(No Deductible)*	(Deductible)*
Crowns Prosthetic Appliance Repair Dentures Bridges Implants	\$35-\$50 per crown + cost of precious metals Up to \$15 Full – \$60 each; Partials – \$70 each \$50 per unit + cost of precious metals Not covered	50% of UCR 50% of UCR 50% of UCR 50% of UCR 50% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment plus \$350 start-up costs for 24-month treatment plan (only for covered children up to age 23). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).

Special Provisions, Limitations, Exclusions	DeltaCare USA Basic Plan Charges	Delta Dental PPO of California Enhanced Level I Plan Pays
Work in progress when you join	Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.)	Only covers charges for services the member receives on and after effective date of coverage.
Predetermination of benefits Alternative to treatment provision	Not required May be additional cost.	Not required; however, suggested for services proposed over \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review.
Referral to specialist Missing teeth Out-of-area emergency	Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$50	N/A No exclusion against replacing missing teeth. Out of California – submit dentist's billing statement to Delta Dental of California.
Deductible	No deductible	\$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible.
Prosthetic replacements	Limited to one each 5 years.	Limited to one each 5 years.

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year. There is a \$500 maximum, per year; per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.

DeltaCare USA Enhanced and Delta Dental PPO Level II Enhanced Plans Benefits Comparison

For eligible employees in the following categories: Units 1, 2, 3, 4, 5, 6, 7, 9 and C99, M98, M80 and FERP Annuitants

Dental Procedures	DeltaCare USA Basic Plan Charges	Delta Dental PPO of California Enhanced Level II Plan Pays
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Space Maintainers Emergency Office Visits X-rays	(No Deductible)* No charge – limit 2 per calendar year No charge – only to age 19 No charge No charge No charge No charge (Full mouth x-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	(No Deductible)* 100% of UCR – limit 2 per calendar year+ 100% of UCR 100% of UCR – limit 2 per calendar year 100% of UCR (without deductible) 100% of UCR 100% of UCR (Full mouth x-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)
Basic Dentistry	(No Deductible)*	(Deductible)*
Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	No charge for amalgam Local – no charge; General – covered for extractions only and only when medically necessary Not covered Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia) No charge Root canal – \$20 anterior, \$40 bicuspid, \$60 molars \$10 for curettage per quadrant \$20 for gingivectomy per quadrant \$80 for osseous surgery per quadrant Office – no charge; Lab – \$15	80% of UCR 80% of UCR – limited to required anesthesia applied by dentist during oral surgery. 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Prosthetic Dentistry	(No Deductible)*	(Deductible)*
Crowns Prosthetic Appliance Repair Dentures Bridges Implants	No charge, except lab cost of precious metals No charge No charge No charge, except lab cost of precious metals Not covered	80% of UCR 80% of UCR 80% of UCR 80% of UCR 80% of UCR
Maximum Benefit for Preventive, Basic and Prosthetic Dentistry	No maximum*	\$2,000 per calendar year per person
Orthodontics	(No Deductible)* \$1,400 maximum co-payment (for covered children up to age 23). \$1,600 maximum co-payments for adults. Plus \$350 start-up costs for 24-month treatment plan.	(No Deductible)* 50% of UCR. \$1,000 maximum per patient per case (for employees, spouse and dependent children).
Special Provisions, Limitations, Exclusions	DeltaCare USA Basic Plan Charges	Delta Dental PPO of California Enhanced Level I Plan Pays
Work in progress when you join Predetermination of benefits Alternative to treatment provision Referral to specialist Missing teeth Out-of-area emergency Deductible Prosthetic replacements	Not covered. (Examples: in-progress orthodontics, root canals started, teeth prepped for crowns, etc.) Not required May be additional cost. Approval is subject to review by dental consultant. No exclusion against replacing missing teeth. Maximum of \$100 No deductible Limited to one each 5 years.	Only covers charges for services the member receives on and after effective date of coverage. Not required; however, suggested for services proposed over \$100. If dentist determines alternative treatment is necessary, approval is subject to Delta review. N/A No exclusion against replacing missing teeth. Out of California – submit dentist's billing statement to Delta Dental of California. \$50/person up to maximum of \$150/family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during last 3 months of calendar year is credited toward the next calendar year deductible. Limited to one each 5 years.

*Refer to the Evidence of Coverage (EOC) booklet. **Children under 18 are eligible for 2 sets of bitewing x-rays per calendar year.

There is a \$500 maximum, per year; per child for pedodontic procedures only when performed by a specialist (applies to DeltaCare USA only).

+Under certain guidelines Delta Dental participants who are pregnant are eligible to receive an additional cleaning and/or periodontal examination in a calendar year.