

**PMI DeltaCare Basic and Delta Dental Level I Enhanced Plans
Benefits Comparison**

For eligible employees in the following categories:
Unit 10 and Teaching Associates

	PMI DeltaCare Enhanced Plan Charges:	Delta Dental Plan of California Enhanced I Plan Pays:
Preventive and Diagnostic Dentistry Prophylaxis (cleaning) Fluoride Application Oral Exams Emergency Office Visits X-rays	(No Deductible)* No charge - limit 2 per 12 months No charge - only to age 19 No charge No charge No charge - full mouth X-rays limited to 1 every 2 years. Bite wings limited to 1 set (4 films) per 6 months.	(No Deductible)* 100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR - limit 2 per 12 months 100% of UCR 100% of UCR (Full mouth X-rays limited to 1 each 3 years. Bite wings limited to 1 set per 6 months.)
Basic Dentistry Fillings Anesthesia Injection of Antibiotics Extractions Oral Surgery Endodontics Periodontics Denture Relining	(No Deductible)* No charge for amalgam Local, no charge Not covered No charge No charge No charge No charge No charge	(Deductible)* 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** Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges	(No Deductible)* No charge, except lab cost of precious metals No charge No charge No charge No charge, except lab cost of precious metals	(Deductible)* 50% of UCR 100% of UCR (without deductible) 80% 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 + \$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		
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	Not required	Not required; however, suggested for services proposed over \$100.
Alternative to treatment provision	Maybe additional cost	If dentist determines alternative treatment is necessary, approval subject to Delta review.
Referral to specialist	Approval is subject to review by dental consultant.	N/A
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-area emergency	Maximum of \$100	Out of California - submit dentist's billing statement to
Deductible	No deductible	\$50/person 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 carried over to following year.
Prosthetic replacements	Limited to one each 3 years.	Limited to one each 5 years.

*Refer to Governing Administrative policies. There is a \$500 maximum, per year, per child for pedodontic procedures only when performed by a specialist. **Prosthetic replacements are generally limited to one each 5 years. Refer to evidence of coverage booklet. Revised 1/2005