

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 Enhanced Plan Charges	Delta Dental PPO of California Enhanced Level II Plan Pays
Preventive and Diagnostic Dentistry	(No Deductible)*	(No Deductible)*
Prophylaxis (cleaning)	No charge – limit 2 per calendar year	100% of UCR – limit 2 per calendar year+
Fluoride Application	No charge – only to age 19	100% of UCR
Oral Exams	No charge	100% of UCR – limit 2 per calendar year
Space Maintainers	No charge	100% of UCR (without deductible)
Emergency Office Visits	No charge	100% of UCR
X-rays	No charge (Full mouth x-rays: 1 set per 24 consecutive months. Bitewings: 1 set (4 films) per every 6-month period.)	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)*
Filling	No charge for amalgam	80% of UCR
Anesthesia	Local – no charge; General – covered for extractions only and only when medically necessary	80% of UCR – limited to required anesthesia applied by dentist during oral surgery.
Injection of Antibiotics	Not covered	80% of UCR
Extractions	No charge	80% of UCR
Oral Surgery	No charge	80% of UCR
Endodontics	No charge	80% of UCR
Periodontics	No charge	80% of UCR
Denture Relining	No charge	80% of UCR
Prosthetic Dentistry	(No Deductible)*	(Deductible)*
Crowns	No charge, except lab cost of precious metals	80% of UCR
Prosthetic Appliance Repair	No charge	80% of UCR
Dentures	No charge	80% of UCR
Bridges	No charge, except lab cost of precious metals	80% of UCR
Implants	Not covered	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 Enhanced Plan Charges	Delta Dental PPO of California Enhanced Level II 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	Not required	Not required; however, suggested for services proposed over \$100.
Alternative to treatment provision	May be additional cost.	If dentist determines alternative treatment is necessary, approval is 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 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.