

2021 Dental Plan Comparison Guide

PLAN NAME	DELTA DENTAL PLAN (PPO & PREMIER)		DELTACARE USA- PLAN (HMO)
ELIGIBILITY	You may receive services from any licensed dentist. The amount paid is determined on whether the dentist is a participating or a non-participating dentist.		You must visit a dentist from the current list of DeltaCare USA network dentists. If a dentist who is NOT on the list provides treatment, it will not be covered by your DeltaCare USA program. DeltaCare USA is offered and administered by Delta Dental Insurance Company.
HOW TO FIND OR CONFIRM IF A DENTIST IS A MEMBER	888-335-8227		Refer to the DeltaCare USA Evidence of Coverage (EOC) or contact DeltaCare at 800-422-4234
SPECIALTY REFERRALS	Free choice by member		Specialist Services must be referred by an assigned DeltaCare USA dentist.
DEDUCTIBLE	One time \$50 per family		None
MEMBER SERVICES	Participating Dentist PLAN PAYS:	Non-Participating Dentist PLAN PAYS: based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees	FEE
DIAGNOSTICS:			
ORAL EXAMINATION AND DIAGNOSIS	70%	Up to 70%	No Cost
OFFICE VISITS	70%	Up to 70%	No Cost (regularly scheduled hours); \$20 after hours
FULL MOUTH X-RAYS:	70%	Up to 70%	No Cost
SINGLE FILM	70%	Up to 70%	No Cost
EACH ADDITIONAL FILM	70%	Up to 70%	No Cost
TEETH CLEANING INCLUDE ROUTINE AND PERIODONTAL MAINTENANCE PROCEDURES	70% (1)	Up to 70% (1)	No Cost (2)
SEALANTS PER TOOTH (3)	70%	Up to 70%	No Cost
ORAL HYGIENE INSTRUCTION	Not Covered	Not Covered	No Cost
TOPICAL FLUORIDE	70%	Up to 70%	No Cost
SPACE MAINTAINERS	70%	Up to 70%	No Cost
SPECIALIST CONSULTATION	70%	Up to 70%	No Cost
BIOPSY OF ORAL TISSUE (SOFT)	70%	Up to 70%	No Cost
EMERGENCY TREATMENT	70%	Up to 70%	No Cost
EMERGENCY TREATMENT (AFTER NORMAL WORKING HOURS)	70%	Up to 70%	No Cost
BROKEN APPOINTMENT CHARGE (LESS THAN 24 HOUR NOTICE)	Determined by Dentist	Determined by Dentist	\$10 per 15 minutes of appointment time
PERIODONTICS:			
SUBGINGIVAL CURETTAGE - PER QUADRANT	70%	Up to 70%	No Cost
GINGIVECTOMY - PER QUADRANT	70%	Up to 70%	No Cost
OSSEOUS SURGERY - PER QUADRANT	70%	Up to 70%	No Cost
ENDODONTICS:			
PULP CAPPING	70%	Up to 70%	No Cost
PULPOTOMY	70%	Up to 70%	No Cost
ROOT CANAL THERAPY - PER CANAL:			
EXCLUDING SECOND OR THIRD MOLARS	70%	Up to 70%	No Cost
SECOND OR THIRD MOLARS	70%	Up to 70%	No Cost
APICOECTOMY AND FILLING CANAL	70%	Up to 70%	No Cost
APICOECTOMY ON SEPARATE APPOINTMENT	70%	Up to 70%	No Cost
RESTORATIVE:			
PIN BUILD UP UNDER FILLING	70%	Up to 70%	No Cost
ALL FILLINGS OF PERMANENT AND PRIMARY TEETH	70%	Up to 70%	No Cost

(1) Teeth Cleaning is limited to twice per calendar year. One additional oral exam and either one additional routine cleaning or one additional periodontal scaling and root planning per quadrant if pregnant.

(2) Teeth Cleaning is limited to one procedure each six month period

(3) Sealants limited on first molars up to age 9 and second molars up to age 16

2021 Dental Plan Comparison Guide (Continued)

PLAN NAME	DELTA DENTAL PLAN (PPO & PREMIER)		DELTACARE - PLAN (HMO)
MEMBER SERVICES	Participating Dentist PLAN PAYS:	Non-Participating Dentist PLAN PAYS: based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees	FEE
CROWNS AND BRIDGES: (4):			
CROWNS - PER UNIT	70%	Up to 70%	No Cost
BRIDGES - PER UNIT	50%	Up to 50%	No Cost
STAINLESS STEEL CROWNS	70%	Up to 70%	No Cost
DOWEL PIN (SUBJECT TO DENTIST CONSULTANT REVIEW)	70%	Up to 70%	No Cost
PIN BUILD UP	70%	Up to 70%	No Cost
POST AND CORE (SUBJECT TO DENTIST CONSULTANT REVIEW)	70%	Up to 70%	No Cost
RECEMENTATION:			
INLAY	70%	Up to 70%	No Cost
CROWN	70%	Up to 70%	No Cost
BRIDGE	70%	Up to 70%	No Cost
PROSTHETICS: (5)			
DENTURES:			
COMPLETE UPPER OR LOWER DENTURE - PER DENTURE	50%	Up to 50%	No Cost
PARTIAL UPPER OR LOWER DENTURE - PER DENTURE	50%	Up to 50%	No Cost
STAYPLATE	50%	Up to 50%	No Cost
DENTURE ADJUSTMENTS	50%	Up to 50%	No Cost
DENTURE RELINE	50%	Up to 50%	No Cost
DENTURE AND PARTIAL REPAIRS	50%	Up to 50%	No Cost
DENTURE DUPLICATION (REBASE)	50%	Up to 50%	No Cost
ADDING TEETH OR CLASPS TO PARTIAL DENTURE - PER UNIT	50%	Up to 50%	No Cost
IMPLANTS	50%	Up to 50%	Not Covered
ORAL SURGERY:			
EXTRACTIONS; LOCAL ANESTHESIA (SIMPLE)	70%	Up to 70%	No Cost
SURGICAL EXTRACTION	70%	Up to 70%	No Cost
IMPACTIONS:			
SOFT TISSUE	70%	Up to 70%	No Cost
PARTIAL BONY	70%	Up to 70%	No Cost
FULL BONY	70%	Up to 70%	No Cost
FRENECTOMY	70%	Up to 70%	No Cost
ALVEOLECTOMY - PER QUADRANT	70%	Up to 70%	No Cost
GENERAL ANESTHESIA WITH ORAL SURGERY	70%	Up to 70%	Not Covered
ORTHODONTIA:			
FULL BANDED CASE	Not Covered	Not Covered	\$350.00 Start up fee
			\$1,250/children
			\$1,450/adults
ORTHODONTIA: For Deputy Sheriff's Assoc. (DSA) and District Attorney Investigators Assoc. (DAIA)			
FULL BANDED CASE	50% up to \$2,000 Lifetime Maximum Per Member	50% up to \$ 2,000 lifetime maximum per person	
MAXIMUM BENEFIT PAYMENTS PER CALENDAR YEAR Bargaining Unit DSA, DAIA, IAFF, UCOA & PDOC Unrepresented and All Other Bargaining Units	\$1,600.00 Per Member \$1,800.00 for certain bargaining units (refer to MOU)		NO MAXIMUM

(4) Gold, if used, will be an additional charge to the member.

(5) Benefits are subject to a maximum allowance and there is a six month waiting period on these services for new enrollees.