



**DeltaCare USA HMO Basic and Delta Dental PPO
Level I Enhanced Plans
~ Benefits Comparison Quick Glance ~**

For detailed coverage, refer to the [Delta Dental website](https://www.deltadentalins.com/group_sites/csu/index.html): https://www.deltadentalins.com/group_sites/csu/index.html.

FOR ELIGIBLE EMPLOYEES IN THE FOLLOWING CATAGORIES:

Unit 10 & Unit 11 (teaching Associates).

Unit 12 employees are Eligible for Delta Dental Level I Enhanced Only.

PROCEDURE:	DeltaCare USA HMO Basic Plan Charges:	Delta Dental Plan of California PPO Enhanced Level I Plan Pays:
PREVENTATIVE & DIAGNOSTIC DENTISTRY	(No Deductible)*	(No Deductible)*
Prophylaxis (Cleaning)	No Charge-limit 2 per 12 months	100% of UCR-limit 2 per 12 months
Fluoride Application	No Charge-only to age 19	100% of UCR
Oral Exams	No Charge	100% of UCR-limit 2 per 12 months
Space Maintainers	\$ 10	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 12 months for age 18 and over.
BASIC DENTISTRY:	(No Deductible)*	(Deductible)
Fillings	No charge for Amalgam	80% of UCR
Anesthesia	Local-no charge: General-not covered	80% of UCR-limited to required anesthesia applied by dentist during oral surgery.
Injection of Antibiotics	Not covered	80% of UCR
Extractions	Uncomplicated-no charge: \$15-\$25 for bony impactions (not covered for orthodontia)	80% of UCR
Oral Surgery	No charge	80% of UCR
Endodontics	Root canal-\$20 anterior, \$40 bicuspid, \$60 molars	80% of UCR
Periodontics	\$10 for curettage per quadrant \$20 for gingivectomy per quadrant	80% of UCR

	\$80 for osseous surgery per quadrant.	
Denture Relining	Office-no charge; Lab-\$15	80% of UCR
PROTHESTIC DENTISTRY:	(No Deductible)*	(Deductible)*
Crowns	\$35-\$50 per crown + cost of precious metals	50% of UCR
Prosthetic Appliance Repair	Up to \$15	50% of UCR
Dentures	Full-\$60 each; Partials-\$70 each	50% of UCR
Bridges	\$50 per unit + cost of precious metals	50% of UCR
Maximum benefit for Preventative**, Basic & Prosthetic Dentistry	No maximum*	\$2000 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 26). Orthodontic extractions are not covered.	(No Deductible)* 50% of UCR. \$1000 maximum per patient per case (for employees, spouse & 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	May be additional cost	If dentist determines that alternative treatment is necessary, approval is subject to Delta review.
Referral to a Specialist	Approval is subject to review by a dental consultant.	N/A
Missing Teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth.
Out-of-Area Emergency	Maximum of \$50	Out of California-submit dentist's billing statement to Delta Dental of California
Deductable	No deductible	\$50 per person up to a maximum of \$150 family deductible per calendar year for both basic and prosthetic dentistry. Any part of deductible satisfied during the 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 in a 12-month period. There is a \$500 maximum, per year, per child for periodontal procedures only when performed by a specialist (applies to PMI DeltaCare only).

** When you visit a PPO dentist, your diagnostic and preventive services (like cleanings and exams) will not count towards your maximum. This benefit does not apply if you visit a Delta Dental Premier or non-Delta Dental dentist.

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