

## 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, 10, and C99, M98, M80 and FERP Annuitants

| Plan Benefit  | DeltaCare USA Enhanced Plan Charges:   | Delta Dental PPO of California Enhanced Level II Plan Pays:   |
|---|--|---|
| <b>PREVENTIVE AND DIAGNOSTIC DENTISTRY</b>                            | <b>No Deductible*</b>  | <b>No Deductible*</b>   |
| Prophylaxis (cleaning)  | No charge – limit 2 per calendar year  | 100% – limit 2 per calendar year+   |
| Fluoride Application  | No charge – only to age 19   | 100%  |
| Oral Exams  | No charge  | 100% – limit 2 per calendar year  |
| Space Maintainers   | No charge  | 100%  |
| Emergency Office Visits   | No charge  | 100%  |
| 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% (Full mouth X-rays: 1 set in a 3-year period. Bitewings: 1 set per calendar year for age 18 and over**)  |
| <b>BASIC DENTISTRY</b>  | <b>No Deductible*</b>  | <b>Deductible*</b>  |
| Fillings  | No charge for amalgam  | 80%   |
| Anesthesia  | Local – no charge; General – covered for extractions only and only when medically necessary  | 80% – limited to oral surgery and select endodontic and periodontic procedures.   |
| Injection of Antibiotics  | Not covered  | 80%   |
| Extractions   | No charge  | 80%   |
| Oral Surgery  | No charge  | 80%   |
| Endodontics   | No charge  | 80%   |
| Periodontics  | No charge  | 80%   |
| Denture Relining  | No charge  | 80%   |
| <b>PROSTHETIC DENTISTRY</b>   | <b>No Deductible*</b>  | <b>Deductible*</b>  |
| Crowns and Bridges  | No charge; however, additional cost for precious metals and porcelain on molars is applicable  | 80%   |
| Prosthetic Appliance Repair   | No charge  | 80%   |
| Dentures  | No charge  | 80%   |
| Implants  | Not covered  | 80%   |
| <b>ORTHODONTICS</b>   | <b>No Deductible*</b>  | <b>No Deductible*</b>   |
| Orthodontics  | \$1,400 maximum co-payment (only for covered children up to age 26) \$1,600 maximum co-payment for adults. Plus \$350 start-up costs for 24-month treatment plan. Orthodontic extractions are not covered. | 50% - \$1,000 maximum per patient per case (for employees, spouse and dependent children).  |
| <b>SPECIAL PROVISIONS, LIMITATIONS, EXCLUSIONS</b>                    |  |   |
| Work in progress when you join  | Not covered. (Examples: in-progress root canals, teeth prepped for crowns, etc.)   | Only covers charges for services the member receives on and after effective date of coverage.   |
| Pre-determination of benefits   | Not required   | Not required; however, suggested for services proposed over \$300.  |
| 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   | PPO dentists available nationwide. Submit non-network dentist's billing statement to Delta Dental of California for reimbursement.  |
| Deductible  | No deductible  | \$50/person up to maximum of \$150/family deductible per calendar year for 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.  |
| <b>MAXIMUM BENEFIT FOR PREVENTIVE, BASIC AND PROSTHETIC DENTISTRY</b> | <b>No maximum*</b>   | <b>\$2,000 per calendar year per person</b>   |

\*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