

## DeltaCare USA Basic and Delta Dental PPO Level I Enhanced Benefits Comparison

For eligible employees in the following categories: Unit 11 (Teaching Associates) and Unit 13

Plan Benefit	DeltaCare USA Basic Plan Charges	Delta Dental PPO of California Enhanced Level I Plan Pays**
PREVENTIVE AND DIAGNOSTIC DENTISTRY	No Deductible*	No Deductible*
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	\$10	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**)
BASIC DENTISTRY	No Deductible*	Deductible*
Fillings	No charge for amalgam	80%
Anesthesia	Local – no charge; General – not covered	80% -limited to oral surgery and select endodontic and periodontic procedures.
Injection of Antibiotics	Not covered	Not covered
Extractions	Uncomplicated – no charge; \$15-\$25 for bony impactions (not covered for orthodontia)	80%
Oral Surgery	No charge	80%
Endodontics	Root canal – \$20 anterior, \$40 bicuspid, \$60 molars	80%

**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, 8, 9, 10, and C99, M98, M80, FERP Annuitants  
 Other Annuitants (Non FERP) may enroll for an additional fee

Plan Benefit	DeltaCare USA Enhanced Plan Charges	Delta Dental PPO of California Enhanced Level II Plan Pays**
<b>PREVENTIVE AND DIAGNOSTIC DENTISTRY</b>	No Deductible*	No Deductible*
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>	No Deductible*	Deductible*
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	Not covered
Extractions	No charge	80%
Oral Surgery	No charge	80%
Endodontics	No charge	80%