



# Dental Plans

January 1 – December 31, 2021



Benefit Features			
	Delta Dental PPO		Delta Dental (DeltaCare USA) DHMO
<b>Choice of Dentist</b>	Any licensed dentist. Plan pays higher benefits if you use an in-network provider. Coverage available outside of the US at the Non-Network level of benefits.		Your choice of Delta Dental DHMO dentist. (within the US Only)
<b>Annual Deductible</b>	\$50 per individual \$150 maximum per family (excludes preventive services)		None
<b>Annual Maximum Benefit</b>	\$2,000 per individual*		None
<b>Eligible Charges</b>	<b>In-Network providers:</b> Negotiated fees.	<b>Non-Network providers:</b> Benefits based on usual, reasonable, and customary charges.	All benefits based on charges authorized by the Schedule of Benefits; all services performed by a DHMO network dentist.
<b>Preventive Care</b>	<b>In-Network</b>	<b>Non-Network</b>	
<ul style="list-style-type: none"> <li>Cleaning</li> </ul>	No copay; 2x within a calendar year	You pay 20%	No copay; 1x per 6-month period
<ul style="list-style-type: none"> <li>Fluoride Treatment</li> </ul>	No copay; 2x per calendar year for children under 16	You pay 20%	No copay; once per year for children to age 19 only; \$10 copay for adults age 19 or older
<ul style="list-style-type: none"> <li>Sealants Treatment</li> </ul>	No copay; for children under age 16 for permanent molars every 5 years	You pay 20%	You pay \$5 per tooth (under age 18 only)
<ul style="list-style-type: none"> <li>Space Maintainer</li> </ul>	No copay	You pay 20%	You pay up to \$10
<ul style="list-style-type: none"> <li>X-rays (routine bite-wings)</li> </ul>	No copay 1x per calendar year	You pay 20%	No copay
<b>Basic Services</b>	<b>In-Network</b>	<b>Non-Network</b>	
<ul style="list-style-type: none"> <li>Amalgam Filling</li> </ul>	You pay 20%	You pay 20%	You pay \$0
<ul style="list-style-type: none"> <li>Simple Extractions</li> </ul>	You pay 20%	You pay 20%	You pay \$0
<ul style="list-style-type: none"> <li>General Anesthesia</li> </ul>	You pay 20%	You pay 20%	You pay each 15 minutes – \$60
<ul style="list-style-type: none"> <li>Root Canal Therapy</li> </ul>	You pay 20%	You pay 20%	You pay between \$35- \$105
<ul style="list-style-type: none"> <li>Periodontal Maintenance</li> </ul>	You pay 20%	You pay 20%	You pay \$0
<ul style="list-style-type: none"> <li>Periodontal Scaling and Root Planning/ per Quadrant</li> </ul>	You pay 20%	You pay 20%	You pay \$20 – \$40 per Quadrant
<ul style="list-style-type: none"> <li>Denture Reline</li> </ul>	You pay 20%**	You pay 20%**	You pay \$0 (Chair side – you pay \$25 if sent to lab)
<ul style="list-style-type: none"> <li>Osseous Surgery</li> </ul>	You pay 20%	You pay 20%	You pay \$100-\$200 per Quadrant
<ul style="list-style-type: none"> <li>Resin-Composite Fillings</li> </ul>	You pay 20%	You pay 20%	You pay \$10 - \$117

Benefit Features			
	Delta Dental PPO		Delta Dental (DeltaCare USA) DHMO
<b>Major Services</b>	<b>In-Network</b>	<b>Non-Network</b>	
• Crowns	You pay 30%**	You pay 40%**	You pay \$90 per crown (plus cost of precious/semi-precious metal)
• Complete or Partial Denture	You pay 30%**	You pay 40%**	You pay \$70 per full denture; \$50-\$70 per partial denture.
• Fixed Bridge	You pay 30%**	You pay 40%**	You pay \$90 per unit
• Implants	You pay 30%**	You pay 40%**	Not covered
<b>Orthodontia</b> (24-month banding)	**Must use DHMO Network – You pay \$1,695 plus all charges incurred before banding begins and after banding removal (children and adults).		
<b>Cost for Coverage</b> Per Pay Period***			
• Employee Only	\$25.13		\$7.92
• Employee + 1	\$50.25		\$14.31
• Employee + 2 or more	\$71.75		\$18.33

\* Diagnostic and Preventive Services will not count towards the annual benefit maximum of \$2,000 per individual

\*\* Replacement bridges, crowns, dentures, and implants are not covered unless they are over five years old and cannot be made serviceable. A fixed bridge is not covered if the carrier determines a partial fixture is satisfactory. Must be preauthorized.

\*\*\* Excluding the third pay periods in the months of April and October.

### THIS COMPARISON CHART IS NOT A CONTRACT

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, then the Evidence of Coverage (EOC) plan document shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.