

# Dental Plan Options

Because regular dental care is vital to your overall health well being, your dental benefits are an important part of your health care package.

With the DeltaCare DHMO plan, you must receive care from a provider in the plan's network or no benefits will be paid. For the Delta PPO Plus Premier plan, you have the flexibility to receive care from any provider; however, you may pay less if you receive care from a Delta Dental contracted provider, because Delta Dental negotiates lower fees for Delta plan members.

The chart below summarizes the main features of the dental plans available to all District employees. For the full details of each plan, including exclusions, refer to the Evidence of Coverage (EOC) plan documents.

MAJOR COVERAGE	Delta PPO Plus Premier Plan		DeltaCare DHMO Plan
Eligibility	Employee only; dependent coverage at employee's expense		Employee and dependents
Choice of Dentist	For highest level of benefits, you must use In-Network dentists. Enrollees also have the flexibility to see any licensed dentist		You must use a dentist on the panel of primary care dentists
	<b>Delta Dental PPO Dentist</b>	<b>Any Licensed non-PPO Out-of-Network Dentist</b>	
Covered Fees	Contracted fees	U&C <sup>1</sup>	All services provided by contract
Annual Maximum	\$2,200	\$2,000	No maximum
Deductible	None		None
Coinsurance/Copay	What the plan pays: <ul style="list-style-type: none"> <li>• Pays 70% – 1st year of participation</li> <li>• Pays 80% – 2nd year of participation</li> <li>• Pays 90% – 3rd year of participation</li> <li>• Pays 100% thereafter</li> </ul> Levels increase each calendar year if employee visits dentist at least once a year		Per copay schedule shown in the EOC available on the Benefits website at <a href="http://www.benefitroll.com">www.benefitroll.com</a> and the LBUSD website at <a href="http://www.lbschools.net">www.lbschools.net</a>
<b>Preventive Services</b>			
Teeth Cleaning	Covered – 2 per year		Covered in full – 2 per year
Full Mouth X-rays	Covered – every 5 years		Covered in full – every 2 years
Bite-Wing X-rays	Covered – 2 per year to age 18; 1 per year ages 18 and up		Covered in full – 2 per year
Fluoride Treatments	Covered – 2 per calendar year <sup>2</sup>		Covered in full – to age 18
<b>Therapeutic Services</b>			
Extractions	Covered <sup>2</sup>		Covered in full (uncomplicated)
Fillings	Covered <sup>2</sup>		Covered in full (amalgam, acrylic)
Root Canals/Periodontics	Covered <sup>2</sup>		Covered subject to copay
<b>Crowns, Dentures, Bridges</b>			
Crown	Covered <sup>2</sup>		Covered subject to copay
Denture/Bridge	Paid at 50%		Covered subject to copay
<b>Orthodontia</b>			
Children/Adults	Not covered		Covered subject to \$350 start-up fee, \$1,200 copay

<sup>1</sup> If a covered individual uses a Delta PPO Plus Premier dentist, reimbursement under the plan is based on the plan's allowed fees. All other dentists are subject to reimbursements based on the usual & customary (U&C) amount for the service.

<sup>2</sup> Covered at applicable coinsurance level.