

**Vista Unified School District
 Certificated and Management Dental Plan Options
 Effective October 1, 2017**

	Delta Dental PPO Group Number 0931		DeltaCare® USA Group Number 01691
	Delta Dental PPO Dentist	Non-PPO Dentists	Schedule of Benefits
Provider and Access	You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	You may receive services from any licensed dentist. Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges. Reimbursement for Non-Delta Dental dentists is based on an allowance.	You must choose a primary care dentist from a list of contracted providers who manages your dental care. You can switch dentists by contacting the number on your ID card.
Benefits and Covered Services	Delta Dental PPO Dentists	Non-PPO Dentists	DeltaCare® USA Dentist
Annual Deductible	None	\$25/\$75 Family	None
Annual Plan Maximum	\$1,750 per person each calendar year	\$1,000 per person each calendar year	None
Diagnostic and Preventive Exams, cleanings, x-rays	100% 2 cleanings per calendar year	100% (deductible waived) 2 cleanings per calendar year	100% for most services, various copays apply for sealants and space maintainers. 1 cleaning per 6 month period
Basic Services Fillings, simple tooth extractions, sealants	90%	80%	\$0-\$75 copay (depending on procedure and number of procedures)
Endodontics (root canals)	90%	80%	\$0 - \$220 copay (depending on procedure and number of procedures)
Periodontics (gum treatment)	90%	80%	\$0 - \$195 copay (depending on procedure and number of procedures)
Oral Surgery	90%	80%	\$0 - \$90 copay (depending on procedure and number of procedures)
Major Services Crowns, inlays, onlays and cast restorations	90%	80%	\$0 - \$195 copay (depending on procedure and number of procedures)
Prosthodontics Bridges, dentures, implants (implants covered under PPO plan only)	50%	50%	\$0 - \$170 copay (depending on procedure and number of procedures)
Orthodontia	50% Subject to a \$1,000 lifetime maximum per person	50% Subject to a \$1,000 lifetime maximum per person	Start-up fees will apply. \$1,700 copay to age 19 \$1,900 copay age 19+
Customer Service	1-866-499-3001 www.deltadentalins.com		1-800-422-4234 www.deltadentalins.com (DeltaCare USA for list of participating dentists)
Limitations and waiting periods may apply for some benefits. The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.			