



California Schools  
Employee Benefits Association

## Etiwanda School District Delta Dental PPO - Option Comparison



July 1, 2014

Plan Benefit Highlights	Delta Dental PPO Plan - Option 1	Delta Dental PPO Plan - Option 2	Delta Dental PPO Plan - Option 3
<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26
<b>Deductibles</b>  Deductibles waive for Diagnostic & Preventive Services	None	None - In-network	None - In-network
<b>Maximums</b>  The maximum benefit paid per calendar year	\$2,500 per person in-network  \$2,000 per person out-of-network	\$2,500 per person in-network  \$2,000 per person out-of-network	\$1,500 per person in-network  \$1,000 per person out-of-network
<b>Waiting Period(s)</b>	None	None	None
<b>Benefits and Covered Services*</b>	<b>In PPO Network**</b>	<b>Out-of-PPO Network**</b>	<b>In PPO Network**</b>
<b>Diagnostic &amp; Preventive Services</b> Exam, two(2) cleanings, x-rays	70-100%	70-100%	70-100%
<b>Basic Services</b> Fillings, simple tooth extraction, sealants	70-100%	70-100%	70-100%
<b>Endodontics</b> (root canals) Covered Under Basic Services	70-100%	70-100%	70-100%
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	70-100%	70-100%	70-100%
<b>Oral Surgery</b> Covered Under Basic Services	70-100%	70-100%	70-100%
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	70-100%	70-100%	70-100%
<b>Prostodontics</b> Bridges & dentures, implants	50%	50%	50%
<b>Dental Accident Benefits</b>	100% (separate \$1,000 maximum per person per calendar year)		100% (separate \$1,000 maximum per person per calendar year)
<b>Dental Plan with Orthodontia</b>	Dep Children - 50% to \$1,500 Lifetime max. Adults only - 50% to \$500 Lifetime max.		Dep Children - 50% to \$1,500 Lifetime max. Adults only - 50% to \$500 Lifetime max.

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.  
Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.  
\*\* Reimbursement is based on PPO contracted fees for in-network dentists and program allowance for out-of-network dentists.