Pajaro Valley Unified School District - Delta Dental Plan Summary - Comparison Sheet

PPO plus Premier Incentive Plan--5363-1000 - (7/1/2011)

In the **Incentive plan** Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive, basic services and for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility: Primary enrollee, spouse (domestic partner) and eligible dependent children to age 26

Calendar Year Maximums: $1,200 per person per calendar year in-network PPO
: $1,000 per person per calendar year Out-of-Network

Benefits and Covered Services*	**In-PPO Network****	**Out-of-PPO Network****
Calendar Year Deductible	**NONE**	**NONE**
Diagnostic & Preventive Services (D & P): Exams, Cleanings, x-rays	70 - 100%	70 - 100%
Basic Services: Fillings, simple tooth extractions, sealants	70 - 100%	70 - 100%
Endodontics: (root canals) Covered Under Basic Services	70 - 100%	70 - 100%
Periodontics: (gum treatment) Covered Under Basic Services	70 - 100%	70 - 100%
Oral Surgery: Covered Under Basic Services	70 - 100%	70 - 100%
Major Services: Crowns, inlays, onlays and cast restorations	70 - 100%	70 - 100%
Prosthodontics: Bridges and dentures	50%	50%
Orthodontic Benefits/Maximums: Adults and dependent children	N/A	N/A

PPO plus Premier Incentive Plan-BUY UP - 5363-1200 - (7/1/2013)

In the **PPO plus Premier Incentive BUY UP plan** Delta Dental pays 100% of the contract allowance for covered diagnostic and preventive services Basic and major services will pay at the attained 70-100% for both PPO, Premier and non-network providers. Delta Dental will pay 50% for Prosthodontics services for both PPO, Premier and non-network providers. If you choose to change to the Incentive Plan from the PPO non-Incnetive plan during Open Enrollment, benefits will start at 70%. You will save approximately 20% on services performed by a PPO Network provider.

Calendar Year Maximums: $1,500 per person per calendar year in-network PPO
: $1,200 per person per calendar year Out-of-Network

Benefits and Covered Services*	**In-PPO Network****	**Out-of-PPO Network****
Calendar Year Deductible	**NONE**	**NONE**
Diagnostic & Preventive Services (D & P): Exams, Cleanings, x-rays	100%	100%
Basic Services: Fillings, simple tooth extractions, sealants	70 - 100%	70 - 100%
Endodontics: (root canals) Covered Under Basic Services	70 - 100%	70 - 100%
Periodontics: (gum treatment) Covered Under Basic Services	70 - 100%	70 - 100%
Oral Surgery: Covered Under Basic Services	70 - 100%	70 - 100%
Major Services: Crowns, inlays, onlays and cast restorations	70 - 100%	70 - 100%
Prosthodontics: Bridges and dentures	50%	50%
Orthodontic Benefits/Maximums: Adults and dependent children	50%/$1,500 Lifetime per person	

PPO ONLY Non-Incentive Plan--5363-1100 - (7/1/2012)

In the **Non-Incentive plan** Delta Dental pays 100% of the contract allowance for covered diagnostic, preventive, Basic services and Major services when receiving services from a PPO Network provider. Delta Dental will pay 50% for Prosthodontics and Orthodontic benefits when receiving services from a PPO Network provider. If you choose to change to the **Incentive plan from the Non-Incentive plan dureing Open Enrollment, benefits will start at 70%**

Calendar Year Maximums: $1,500 per person per calendar year in-network PPO
: $1,000 per person per calendar year Out-of-Network

Benefits and Covered Services*	**In-PPO Network****	**Out-of-PPO Network****
Calendar Year Deductible	**NONE**	**$25/person; $75/family**
Diagnostic & Preventive Services (D & P): Exams, Cleanings, x-rays	100%	50%
Basic Services: Fillings, simple tooth extractions, sealants	100%	50%
Endodontics: (root canals) Covered Under Basic Services	100%	50%
Periodontics: (gum treatment) Covered Under Basic Services	100%	50%
Oral Surgery: Covered Under Basic Services	100%	50%
Major Services: Crowns, inlays, onlays and cast restorations	100%	50%
Prosthodontics: Bridges and dentures	50%	50%
Orthodontic Benefits/Maximums: Adults and dependent children	50%/$1,500 Lifetime per person	

Claims Address	**Customer Service**	
P. O. Box 997330	**866-499-3001**	**deltadentalins.com**
Sacramento, CA 95899-7330		

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your benefits representative.

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.