

**MIRACOSTA COLLEGE  
2024 Dental Plan Comparison**

	<b>DELTACARE</b>	<b>DELTA DENTAL PPO</b>
	<b>Enrollee Pays</b>	<b>Plan Pays</b>
PROVIDER	Must Pre-Select a DeltaCare Member Dentist	Under the PPO plan, you may visit any licensed dentist you wish. However, you receive the maximum benefits available under the plan when you choose a Delta PPO dentist <b>(1) DELTA PPO (2) DELTA PREMIER OR (3) NON-DELTA DENTIST</b>
MAXIMUM BENEFIT	No Maximum	\$2,500 Calendar Year Maximum per Enrollee \$1,000 Dental Accident Benefit per Enrollee**
DEDUCTIBLE	None	None
<b>BASIC DENTAL SERVICES</b>		
Oral Exam	No charge	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Routine Teeth Cleaning	No charge <b>(once every six months)</b>	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges* <b>(Three per calendar year)</b>
Full Mouth X-rays	No charge <b>Once every 24 months</b> (single films as needed)	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges* <b>Once every three years</b> (single films as needed)
Fillings (Amalgam)	No charge	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Oral Surgery Impactions – Soft issue	\$15 - \$90 co-pay (depending on type of impaction)	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Single Extractions (simple)	No charge	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Periodontics – Gingivectomy per Quadrant	\$50 - \$195 co-pay	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Endodontics – Root Canal Therapy	\$45 - \$220 co-pay	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*
Crowns – per unit (metal/porcelain fused to metal)	\$35 - \$195 co-pay	(1) 80-90-100% Delta PPO allowed fees (2) 80-90-100% Delta Premier allowed fees (3) 80-90-100% C&R charges*

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Implant Surgical Placement	Not a Covered Benefit	(1) 50% Delta PPO allowed fees (2) 50% Delta Premier allowed fees (3) 50% C&R charges*
<b>DENTURES</b>		
Complete Upper	\$100 - \$170 co-pay	(1) 50% Delta PPO allowed fees (2) 50% Delta Premier allowed fees (3) 50% C&R charges*
Complete Lower	\$100 - \$170 co-pay	(1) 50% Delta PPO allowed fees (2) 50% Delta Premier allowed fees (3) 50% C&R charges*
<b>ORTHODONTICS</b>		
Full Treatment  *additional fees may apply	Child \$1,700 co-pay* Adult \$1,900 co-pay*  Occlusal guard limited to 1 in 3 year period, \$95.00 co-pay	Adult & Child Orthodontia 50% benefit, up to \$2,000 lifetime max benefit per covered member  Occlusal night guard procedures paid at incentive level up to \$500 lifetime maximum

**Dependent Definition:** Spouse, Domestic Partner, dependent children to age 26

- (1) Delta PPO Dentist – Dentist may charge no more than PPO fee schedule allowed by Delta
- (2) Delta Premier Dentist - Dentist may charge no more than Premier fee schedule allowed by Delta
- (3) Non-Delta Dentist: You will be responsible for the difference if your dentist charges more than C&R.\*

\*C&R = Benefits are paid based on dental necessity and customary and reasonable charges. Percentages shown are the percentage the plan pays.

\*\*Delta Dental PPO will pay dental accident benefit when services are provided within 180 days following date of accident.

Delta PPO Incentive Plan: Delta will pay 80% of the covered fees for the covered Diagnostic, Preventive, Basic, and Crown benefits during the first calendar year of eligibility. The percentage will increase 10% each year for each enrollee, provided that person has visited the dentist each year, to a maximum of 100%. If the enrollee does not use the program in a calendar year, the percentage remains at the level reached the previous year. The percentage will revert to 80% if you lose eligibility and then become eligible again.

DeltaCare: You must select a dentist at the time of enrollment. You may subsequently change to different dentist by contacting Delta.

*This comparison is not designed to be a complete summary of the group dental plans. This proposal does not create or confer any rights. It is only a brief outline of the plans and is not to be accepted or construed as a substitute for the complete plan summary.*