

# Choosing between a PPO and HMO dental plan

When it comes to dental health plans, you want benefits that fit the needs of you and your family. Each of Delta Dental's PPO and HMO plans offers comprehensive dental coverage while retaining quality care and excellent customer service. Each plan has its own advantages.

It comes down to cost versus choice. Our PPO plan gives you the widest selection of dentists though you may have higher out-of-pocket costs. With our HMO plan, you may have lower out-of-pocket costs, but your choice of dentists is more limited.

	Delta Dental PPO <sup>SM</sup> (Indemnity Plan) 800-423-8154	DeltaCare <sup>®</sup> USA HMO (Prepaid Plan) 800-422-4234
	Administered by Delta Dental of California Group #2584 www.deltadentalins.com	Administered by DeltaCare USA Group #5643 www.deltadentalins.com
<b>Features</b>		
Dentist Network	Freedom to choose any licensed dentist, anywhere in the world, each time you or a family member requires treatment.  No referral required for specialty care.	Visit your assigned DeltaCare USA network dentist (primary care dentist) to receive benefits.  Easy referrals to a large specialty care network (employee must be referred by assigned dentist).
Coverage	Employees incur the lowest out-of-pocket costs when services are received from a Delta Dental PPO network dentist. Greater costs may be incurred when services are provided by a Delta Dental Premier dentist or non-Delta Dental dentist.  Basic benefits and routine services are generally paid at 85% when covered.  No exclusions for pre-existing conditions or missing teeth.	Most diagnostic and preventive services are covered at 100%. When there is a copay, enrollees pay a fixed amount for each covered dental procedure. See dental plan copayment booklet.  No exclusion for pre-existing conditions or missing teeth.
General Cleanings/ Exams	General cleanings/exams are allowed twice in a calendar year.  Covered at 100% if provided by a Delta Dental PPO dentist. Covered at 85% when provided by a Delta Dental Premier or non-Delta Dental dentist.	General cleanings/exams are allowed twice in a calendar year at no cost. Two additional cleanings are available in the same calendar year for \$45 copay per cleaning.
Teeth Whitening	Not covered.	Teeth whitening (external bleaching – per arch) is covered at \$125 per arch when accessed from your primary care dentist.
Crowns & Bridges	Crowns are covered at 85%.  Bridges covered at 65% if provided by a Delta Dental PPO dentist and at 60% when provided by a Delta Dental Premier or non-Delta Dental dentist.	When there is a copay, enrollees pay a fixed amount for each covered dental procedure. See dental plan copayment booklet.
Orthodontics	Must be medically necessary.  Pays 60% up to a lifetime maximum amount of \$2,000 per covered person	Orthodontic takeover provision for enrollees who have started orthodontic treatment under another dental HMO or fee-for-service plan (this extends to new employees). Refer to the Evidence of Coverage for details.  The patient will be responsible for a copayment of \$1,000 for medically and non-medically necessary orthodontia Coverage is limited to once per eligible member per lifetime.
Nightguards	Not covered.	Nightguards are covered at a copay of \$95 when accessed from your primary care dentist.
Out-of-area Coverage	Can visit any licensed dentist.	Out-of-area (35 or more miles from assigned network dentist) emergency care allowance up to \$100 per incident.
Maximums	\$1,500	No annual deductible and no annual dollar maximums on general services.



## ELIGIBLE FAMILY MEMBERS

For both plans:

Legal spouse or domestic partner. Unmarried children under age 19 or to age 24 if FULL-TIME student and qualified as dependent under IRS Codes; or unmarried children incapable of self-support due to mental retardation or physical handicap. Proof of student status must be provided to Employee Services each year during Open Enrollment, beginning with year in which the child dependent turns 19 years of age. Proof of incapacity for self-support is required at age 19.

## CONTINUATION OF BENEFITS (COBRA)

For both plans:

May continue under COBRA if certain requirements are met. You may opt to continue dental coverage under the City's plans by paying the entire premium each month, plus an administration fee. You must apply within 60 days of your loss of coverage.

### City Of San Jose Sample Patient Cost

Procedure	Delta Dental PPO Plan			
	Delta Dental PPO DeltaCare USA/HMO	Delta Dental Premier (PPO Network)	Non-Delta Provider (Non-PPO Network)	(Out-of-Network)
<u>Cleanings</u>				
Estimated Usual Fee	\$ 85.00	\$ 85.00	\$ 85.00	\$ 90.00
Delta Allowed Fee	NA	\$ 71.00	\$ 85.00	\$ 73.00
Delta Dental Pays	NA	\$ 71.00	\$ 72.25	\$ 62.00
<b>Patient Pays</b>	<b>-0-</b>	<b>-0-</b>	<b>\$ 12.75</b>	<b>\$ 27.95</b>
<u>Filling (2 Surface Silver)</u>				
Estimated Usual Fee	\$ 135.00	\$ 135.00	\$ 135.00	\$ 150.00
Delta Allowed Fee	NA	\$ 69.00	\$ 135.00	NA
Delta Dental Pays	NA	\$ 58.65	\$ 114.75	\$ 100.00
<b>Patient Pays</b>	<b>-0-</b>	<b>\$ 10.35</b>	<b>\$ 20.25</b>	<b>\$ 50.00</b>
<u>Crown with Base Metal</u>				
Estimated Usual Fee	\$ 850.00	\$ 850.00	\$ 850.00	\$ 900.00
Delta Allowed Fee	NA	\$ 595.00	\$ 850.00	NA
Delta Dental Pays	NA	\$ 505.75	\$ 722.50	\$ 680.00
<b>Patient Pays</b>	<b>\$ 75.00</b>	<b>\$ 89.25</b>	<b>\$ 127.50</b>	<b>\$ 220.00</b>
<u>Child Orthodontia</u>				
Estimated Usual Fee	\$4,500.00	\$4,500.00	\$4,500.00	\$5,500.00
Delta Allowed Fee	NA	\$3,400.00	\$4,500.00	\$4,500.00
Delta Dental Pays	NA	\$2,000.00	\$2,000.00	\$2,000.00
<b>Patient Pays*</b>	<b>\$1,000.00</b>	<b>\$1,400.00</b>	<b>\$2,500.00</b>	<b>\$3,500.00</b>

\*The DeltaCare USA HMO plan covers medically necessary and non-medically necessary orthodontia at the same cost to the employee (\$1,000). The Delta Dental PPO plan only extends orthodontia coverage when medically necessary.

These samples are based on typical charges in the San Francisco East Bay. Individual dentist's charges will vary.

Visit Delta Dental's web site at: [www.deltadentalins.com](http://www.deltadentalins.com)



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