

Dental - Delta Dental of California

Benefits	Delta Dental of California		Delta Dental Buy-Up	
	In-Network PPO	Out-of-Network Premier	In-Network PPO	Out-of-Network Premier
Calendar Year Maximum per enrollee	\$2,000	\$1,500	\$2,500	\$2,000
Calendar Year Deductible				
Individual	None	None	None	None
Diagnostic and Preventive				
Exams & Cleaning - three per year	100%	70 - 100%	100%	70 - 100%
X-rays	100%	70 - 100%	100%	70 - 100%
Basic Services				
Fillings simple tooth extractions sealants	70 - 100%	70 - 100%	70 - 100%	70 - 100%
Endodontics				
Covered Under Basic Services	70 - 100%	70 - 100%	70 - 100%	70 - 100%
Periodontics				
Covered Under Basic Services	70 - 100%	70 - 100%	70 - 100%	70 - 100%
Oral Surgery				
Covered Under Basic Services	70 - 100%	70 - 100%	70 - 100%	70 - 100%
Major Services				
Crowns, inlays, onlays and cast restorations	70 - 100%	70 - 100%	70 - 100%	70 - 100%
Prosthodontic Services				
Construction or repair	70%	70%	100%	100%
Orthodontic Benefits				
Adults and dependent children	50%	50%	50%	50%
Maximum	\$1000 maximum life-time benefit per enrollee		\$2000 maximum life-time benefit per enrollee	
Eligibility	Primary enrollee, spouse, domestic partner and eligible dependent children to age 19 or to age 25 if dependent is a full time student.		Primary enrollee, spouse, domestic partner and eligible dependent children to age 19 or to age 25 if dependent is a full time student.	



www.deltadentalins.com
(866) 499-3001

1. Your Delta Dental group number: **934**
 2. Your SSN is your individual (and dependents) Delta ID.
 3. The employer's name: Santa Clara County Office of Education
- *No insurance cards are provided with Delta Dental.