

Benefits	Delta Dental of California		Delta Dental High Plan Option	
	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%	70%	70%
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.	