

**Capistrano Unified School District
Delta Dental Plans at a Glance
Effective January 1, 2024**

Plan Name	Delta Dental (PPO) Dental Plan	DeltaCare USA (Network) Dental Plan
Plan Features	Choice of any dentist. Reimbursement amounts based on PPO and/or Premier contracted fees. Non-Delta Dental dentists are paid the program allowance, and may balance bill.	Choice of dental office from DeltaCare USA network. Plan pays 100% after member copayments for certain services.
Benefit Maximums Orthodontics Other Dental Services	\$2,000 lifetime \$1,500 calendar year	24 months treatment Unlimited
Calendar Year Deductible	\$50 person/\$100 family maximum	None
Preventive Services - Exams, cleanings, x-rays, fluoride treatment	PPO	100%
	80% of contracted fees, deductible waived	
Basic Services - Amalgam fillings, oral surgery, endodontic, periodontics	80% of contracted fees	100% for amalgam fillings, 100% after copayments ranging from \$0 to \$220 for other services.
	80% of contracted fees	
Major Services - Inlays, onlays, crowns, bridges, dentures	80% of contracted fees	100% after copayments ranging from \$0 to \$195.
	80% of contracted fees	
Orthodontics Child Adult	70% of contracted fee	100% after \$1,700 copayment 100% after \$1,900 copayment
	70% of contracted fee	
Predetermination	It is recommended that members obtain a Predetermination of Benefits whenever a course of treatment will exceed \$300.	Assigned DeltaCare USA Dental Health provider will determine need for specialty dental care and make referral.

Note: This outline is a brief description of your benefits. Actual benefits are determined by the applicable provisions of the respective plan's contract. There may be exclusions or limitations which modify this summary. In the event of any discrepancy between the summary and the provisions of the specific insurance contracts, the provisions of the contracts shall apply.