

**Capistrano Unified School District  
Delta Dental Plans at a Glance  
Effective January 1, 2022**

Plan Name	Delta Dental (PPO) Dental Plan	DeltaCare USA (Network) Dental Plan
<b>Plan Features</b>	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.
<b>Benefit Maximums</b> Orthodontics  Other Dental Services	\$2,000 lifetime  \$1,500 calendar year	24 months treatment  Unlimited
<b>Calendar Year Deductible</b>	\$50 person/\$100 family maximum	None
<b>Preventive Services</b> - Exams, cleanings, x-rays, fluoride treatment	<b>PPO</b>	<b>Non-PPO</b>
	80% of contracted fees, deductible waived	80% of Premier: contracted fees Non-Delta dentists: program allowance, deductible waived
<b>Basic Services</b> - Amalgam fillings, oral surgery, endodontic, periodontics	80% of contracted fees	80% of Premier: contracted fees Non-Delta dentists: program allowance
<b>Major Services</b> - Inlays, onlays, crowns, bridges, dentures	80% of contracted fees	80% of Premier: contracted fees Non-Delta dentists: program allowance
<b>Orthodontics</b> Child Adult	70% of contracted fee	70% of Premier: contracted fees Non-Delta dentists: program allowance
<b>Predetermination</b>	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.**