

**Capistrano Unified School District
Delta Dental Plans at a Glance
Effective January 1, 2021**

Plan Name	Delta Dental (PPO) Dental Plan		DeltaCare USA (Network) Dental Plan
Plan Features	Choice of any dentist.		Choice of dental office from DeltaCare USA network.
Benefit Maximums Orthodontics Other Dental Services	Plan pays percentage of customary & reasonable charges.		Plan pays 100% after member copayments for certain services.
	\$2,000 lifetime		24 months treatment
	\$1,500 calendar year		Unlimited
Calendar Year Deductible	\$50 person/\$100 family maximum		None
Preventive Services - Exams, cleanings, x-rays, fluoride treatment	PPO	Non-PPO	100%
	80% of negotiated rate, deductible waived	80% of customary & reasonable, deductible waived	
Basic Services - Amalgam fillings, oral surgery, endodontic, periodontics	80% of negotiated rate	80% of customary & reasonable	100% for amalgam fillings, 100% after copayments ranging from \$0 to \$220 for other services.
Major Services - Inlays, onlays, crowns, bridges, dentures	80% of negotiated rate	80% of customary & reasonable	100% after copayments ranging from \$0 to \$195.
Orthodontics Child Adult	70% of negotiated rate	70% of customary & reasonable	100% after \$1,700 copayment 100% after \$1,900 copayment
Predetermination	It is recommended that members obtain a Predetermination of Benefits whenever a course of treatment will exceed \$200.		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.