Delta Dental



Group numbers:

Teachers	7901-3671
Classified/Admin/Management/Confidential	7901-3670

Toll free number - (866) 499-3001

Website - http://www.deltadentalins.com/index.html



DELTA DENTAL PLAN OF CALIFORNIA INFORMATION SHEET

PLACERVILLE UNION SCHOOL DISTRICT CERTIFICATED & MGMNT/CONFIDENTIAL

PPO STANDARD SCHOOL INCENTIVE PLAN



Usual, Customary and Reasonable Fee Concept Basic Services, Crowns and Cast Restorations: Co-Payment Schedule: 70/30 First Year

80/20 Second Year 90/10 Third Year 100% Fourth Year

Prosthodontics & Implants Co-Payment:

50/50

(Prosthodontic base benefit includes Implants)

- \$2,000 ANNUAL MAXIMUM PER PATIENT PER CALENDAR YEAR
- 2 CLEANINGS PER PATIENT PER CALENDAR YEAR

DELTA DENTAL PPO/PREMIER INCENTIVE PLAN

In Network- (using Delta PPO provider's) you will receive an additional \$200 annually toward your calendar year maximum over claims paid for providers in the Delta Premier Incentive Plan.

Out of Network- (using Delta Premier Providers) your claims are paid at incentive level without additional \$200 annual maximum.

100% payment for dental services rendered in case of an accident, subject to a SEPARATE \$1,000 Annual Maximum



DELTA DENTAL PLAN OF CALIFORNIA INFORMATION SHEET

PLACERVILLE UNION SCHOOL DISTRICT CLASSIFIED & TRUSTEES

PPO STANDARD SCHOOL INCENTIVE PLAN



Usual, Customary and Reasonable Fee Concept Basic Services, Crowns and Cast Restorations: Co-Payment Schedule: 70/30 First Year

80/20 Second Year 90/10 Third Year 100% Fourth Year

Prosthodontics & Implants Co-Payment: 50/50

(Prosthodontic base benefit includes Implants)

- \$1,000 ANNUAL MAXIMUM PER PATIENT PER CALENDAR YEAR
- 2 CLEANINGS PER PATIENT PER CALENDAR YEAR

DELTA DENTAL PPO/PREMIER INCENTIVE PLAN

In Network- (using Delta PPO provider's) you will receive an additional \$200 annually toward your calendar year maximum over claims paid for providers in the Delta Premier Incentive Plan.

Out of Network- (using Delta Premier Providers) your claims are paid at incentive level without additional \$200 annual maximum.

100% payment for dental services rendered in case of an accident, subject to a SEPARATE \$1,000 Annual Maximum