

**ESCONDIDO UNION SCHOOL DISTRICT  
DENTAL BENEFITS COMPARISON**

	<b>Delta PMI (Family)</b>	<b>DELTA DENTAL (Employee Only)</b>
	Dental care provided by Member Dentist	Dental care provided by the licensed Dentist of your choice
Maximum Benefit (Calendar Year)	None	\$1,000 annual† maximum/\$1,000 dental accident benefit
<u>Basic Dental Services:</u> Oral Exam	No charge	100% of Delta Dentist Fee or 100% of C&R for non-member dentist
Teeth Cleaning	No charge (one per six month period)	100% of Delta Dentist Fee or 100% of C&R for non-member dentist (twice in a 12-month period)
Full Mouth X-Rays	No charge (one series every 24 months)	100% of Delta Dentist Fee or 100 % of C&R for non-member dentist
Deductible	None	\$25 per calendar year†
Fillings (restoration amalgam, on <u>permanent teeth</u> )	No Charge	80% of Delta Dentist Fee or 80% of C&R for non-member dentist
<u>Oral Surgery</u> Impactions	\$25-\$90 co-payment	80% of Delta Dentist Fee or 80% of C&R for non-member dentist
Extractions (erupted tooth/exposed root)	No Charge	80% of Delta Dentist Fee or 80% of C&R for non-member dentist

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	<b>Delta PMI (Family)</b>	<b>DELTA DENTAL (Employee Only)</b>
<u>Periodontics</u> Gingivectomy per quadrant	\$50-\$80 co-payment	80% of Delta Dentist Fee or 80% of C&R for non-member dentist
<u>Endodontics</u> Single rooted canal Therapy	\$45 co-payment	80% of Delta Dentist Fee or 80% of C&R for non-member dentist
<u>Crowns</u> Crowns per unit	\$35-\$195 co-payment	50% of Delta dentist fee or 50% of C&R for non-member dentist
<u>Dentures</u> Complete upper	\$100 co-payment	50% of prevailing fee
Complete lower	\$100 co-payment	50% of prevailing fee
<u>Orthodontia **</u> Full banded/full treatment	\$1,700-\$1,900 co-payment (24 months)	No benefit

†Annual deductibles and maximums are based on an actual calendar year, i.e., January through December.

**Benefits for non-Delta Dental dentists are based on customary and reasonable charges.**

C&R - Customary and Reasonable. Benefits are paid based on dental necessity and customary and reasonable charges. Percentage shown here is the percentage the plan pays.

- Delta Dental Member Dentists are paid based on filed fees, except on dentures and partials which are paid on prevailing fees.

Dependent Definition

Delta PMI: Your legal spouse, registered domestic partner and unmarried dependent children to age 25 who are dependent upon you for support and maintenance, and are full time students in an accredited school.

**\*\*Please note: Delta PMI will not pay for any orthodontic treatment program that began before the subscriber enrolled.**

This comparison is not designed to be a complete summary of either of the group dental plans. This proposal does not create or confer any rights. It is only a brief outline of the plans and is not to be accepted or construed as a substitute to the contracts.