

**SUMMARY OF DENTAL BENEFIT PLANS
2020 PLAN YEAR**

| | DELTA DENTAL PPO <small>Refer to Evidence of Coverage for complete details</small> | DELTA DENTAL DELTACARE USA PLAN CAM98 <small>Refer to Evidence of Coverage for complete details</small> | WESTERN DENTAL WESTERN DENTAL PLAN SDPLUS <small>Refer to Evidence of Coverage for complete details</small> | |
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| 1. TYPE OF PLAN | An insurance-type dental PPO plan, fully insured by the District with claims processing and access to contracted dentists provided by Delta Dental of California. | An HMO-type prepaid dental plan. All services must be obtained from a DeltaCare USA provider. | An HMO-type prepaid dental plan. All services must be obtained from a Western Dental provider. | |
| 2. CHOICE OF PROVIDER | Each person enrolled in the Plan has the freedom to select the services of any licensed dentist; however, dentists who are participating members of Delta Dental's PPO have agreed to accept the Plan's payment as payment in full based on pre-negotiated PPO fees subject to the Plan's deductibles, maximum benefits, limitations, and exclusions. | At the time of enrollment, each member must select a dentist or dental group which participates in the DeltaCare plan. Treatment must be provided by a participating dentist except for emergency situations. Certain services performed by a specialist are covered by the plan. Patients are treated by a specialist only upon referral by the primary care dentist. | At the time of enrollment, each member must select a dentist or dental group which participates in the Western Dental plan. Members who select a Western Dental Center have the flexibility of visiting any Western Dental Center (Open Access) without the worry of being appointed to a dental office or an affiliated private practice dentists. Treatment must be provided by a participating dentist except for emergency situations. Certain services performed by a specialist are covered by the plan. Patients are treated by a specialist only upon referral by the primary care dentist. | |
| 3. DEDUCTIBLES | The Deductible is the amount of Covered Expenses which must be paid by a Covered Person before any benefits are payable for that person under any portion of the Plan. The Deductible is \$25 per person per calendar year. There is a maximum Deductible of \$75 per family per calendar year. | None | None | |
| 4. MAXIMUM BENEFIT | The Maximum Benefit which will be paid by the Plan is \$1500 per person per calendar year; however, if a Covered Person is concurrently covered as an Employee and as the spouse or Domestic Partner of another Covered Employee or as the child of two Covered Employees, the Maximum Benefit is \$1500 per calendar year under each Employee's Plan. | None except as specified below. | None except as specified below. | |
| 5. ALTERNATE/OPTIONAL COURSE OF TREATMENT | This plan covers several categories of Benefits, when the services are provided by a licensed dentist, and when they are necessary and customary under the generally accepted standards of dental practice. Precision attachments, cosmetic treatment, personalization, specialized techniques, experimental procedures, and hospital charges are not covered. | This Plan covers the least expensive service or supply which is recognized to be appropriate to treat the dental condition in accordance with broadly accepted standards of practice. Precision attachments, personalization, specialized techniques, implants, experimental procedures, and hospital charges are not covered. | This Plan covers the least expensive service or supply which is recognized to be appropriate to treat the dental condition in accordance with broadly accepted standards of practice. Precision attachments, cosmetic treatment, personalization, specialized techniques, experimental procedures, and hospital charges are not covered. | |
| 6. DIAGNOSTIC & PREVENTIVE SERVICES | a. Oral Exam | Plan pays 100% of charges by Delta Dental PPO dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to 2 oral examinations, consultations and office visits in a calendar year. | No Charge. | No charge. |
| | b. X-rays | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Bitewing x-rays are limited to twice in a calendar year for children under the age of 18 and once in a calendar year for adults. Full-mouth x-rays are limited to once every 5 years. | No charge. Bitewings – 1 series every 6 months; Full mouth x-rays are limited to 1 series every 24 months. | No charge. Bitewings – 1 series every 6 months; Full mouth x-rays are limited to 1 series every 24 months. |
| | c. Routine Teeth Cleaning | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Routine cleanings are limited to twice in a calendar year in conjunction with perioprophly procedures. | No charge. Limited to once each 6 months – additional cleanings (within the 6 month period) are covered at a set copayment - \$45 for adults and \$35 for children. | No charge. Limited to once each 6 months – additional cleanings (within the 6 month period) are covered at a set copayment - \$35. |
| | d. Periodontal Maintenance Following Periodontal Therapy | Additional Periodontal Benefits during Pregnancy: Pregnant enrollees are eligible for a benefit enhancement that includes one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planning procedure. Written confirmation of the pregnancy must be provided by the enrollee or her dentist when the claim is submitted. | | Periodontal Maintenance (removal of bacterial plaque and Calculus from supragingival and subgingival regions site specific scaling and root planning where indicated and polishing the teeth) \$99 copayment per visit. The frequency for this procedure can be 3 to 4 months and can be ongoing. |
| | e. Fluoride Treatment | Plan pays 100% of charges by Delta Dental PPO dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Fluoride treatment is limited to twice in a calendar year. | No charge for application once every 6 months. | No charge to age 19. Limited to once each 6 months. |
| | f. Space Maintainers | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) for Covered Persons through age 12 only, once in a five-year period. | No charge. | No charge. |
| | g. Sealants (Permanent Molars Only) | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) on permanent first molars* through age 8, and permanent second molars* through age 15; application covered once every 2 years. *Molars must be caries-free with no prior restorations. | No charge through age 15. | No charge through age 15. |
| 7. PERIODONTICS | a. Periodontal Scaling/ Root Planning | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once per quadrant every 24 months. | No charge. | No charge. |
| | b. Gingivectomy | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once per quadrant every 24 months. | No charge. | No charge. |
| | c. Osseous Surgery | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once per quadrant every 36 months. | No charge. | No charge. |
| 8. ENDOODONTICS | a. Root Canal Therapy | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Subject to plan limitations. Please refer to EOC for full description. | No charge. | No charge. |

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| 9. RESTORATIVE | a. Fillings, Crowns, Inlays, Onlays and Cast Restorations | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) for the least expensive, professionally acceptable treatment (as determined by Delta Dental), for fillings and crowns necessary to restore the structure of teeth broken down by decay and/or injury. Fillings are limited to once per tooth every 24 months; crowns once per tooth every five years. Fillings: If a composite/resin restoration is placed on a posterior tooth, the plan will make an allowance based on the dentist fee for the corresponding amalgam restoration. | No charge for the least expensive service or supply resulting in professionally adequate treatment for fillings and crowns necessary to restore the structure of teeth broken down by decay or injury. For crowns, member must pay lab cost of \$100 for noble metal, \$125 for high noble metal in addition to \$150 for placement of crowns on molar teeth. Replacement of crowns, inlays, and onlays requires the existing restoration to be 5+ years old. | No charge for the least expensive service or supply resulting in professionally adequate treatment for fillings and crowns necessary to restore the structure of teeth broken down by decay or injury, except that member must pay lab cost of \$100 for noble metal, \$125 for high noble metal full and \$150 for porcelain on molar teeth. Replacement of crowns, inlays, and onlays requires the existing restoration to be 5+ years old. |
| 10. PROSTHODONTICS | a. Bridges, Dentures and Implants | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once every 5 years. Implants are covered once every 5 years. Delta Dental's standard is to allow a tooth to be replaced by prosthetic procedures regardless of when the tooth was extracted. | No charge for the least expensive service or supply resulting in professionally adequate treatment for bridges, dentures, and partial dentures except that member must pay full cost of semiprecious or precious metals. Replacement of a denture or a partial denture requires the existing denture to be 5+ years old. Implants are not covered | No charge for the least expensive service or supply resulting in professionally adequate treatment for bridges, dentures, and partial dentures except that member must pay full cost of semiprecious or precious metals. Replacement of a denture or a partial denture requires the existing denture to be 5+ years old. Implants are covered with specified copayments; for example, Surgical placement of implant body; endosteal implant \$1,690 copayment. Implant supported porcelain/ceramic crown \$955 copayment. Abutment supported porcelain/ceramic crown \$960 (Western Implant Centers only) |
| | b. Denture Reline (Laboratory) | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to twice in a 12-month period, per arch. Relines are not a benefit during the six month period following initial placement. | No charge. Limited to 1 per denture during any 12 consecutive months. | No charge. Limited to 1 per denture during any 12 consecutive months. |
| 11. ORAL SURGERY | a. Extractions | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). | No charge. | No charge. |
| | b. General Anesthesia | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) only when provided in conjunction with covered oral surgery procedures. | Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421). | Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421). |
| 12. ORTHODONTIA | a. Full Banded Cases | Not covered; however, the Plan will pay \$50 per person per lifetime when a Delta Dental orthodontist is used. | Member is responsible for \$1000 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details. | Member is responsible for \$1000 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details. |
| | b. Partially Banded Cases | See 12a above. | Member is responsible for \$500 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details. Note: For both a. and b. above, the member is responsible for up to \$150 maximum copay for beginning and again for ending diagnostic records, including cephalometric x-rays and photographs. Pre-banding devices, appliance, therapy and tooth guidance appliances are NOT a covered benefit. Refer to Evidence of Coverage booklet for complete details. | Member is responsible for \$500 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional Charges may apply. Refer to Evidence of Coverage booklet for complete details. Note: For both a. and b. above, the member is responsible for up to \$150 maximum copay for beginning and again for ending diagnostic records, including cephalometric x-rays and photographs. Pre-banding devices, appliance, therapy and tooth guidance appliances are NOT a covered benefit. Refer to Evidence of Coverage booklet for complete details. |
| 13. ORTHODONTIC EXTRACTATIONS | a. Per tooth | Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). | No charge. | No charge at Western Dental Centers only. |
| | b. General Anesthesia | See 11b above. | Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421). | Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421). |
| 14. TEMPOROMANDIBULAR JOINT (TMJ) | Not covered. | Not covered. | Not covered. | Not covered. |
| 15. DENTAL CARE OUTSIDE OF SERVICE AREA | Plan will pay worldwide benefits (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). | Emergency treatment provided by a licensed dentist will be reimbursed up to \$100 per emergency. | Emergency treatment provided by a licensed dentist will be reimbursed up to \$100 per emergency. | Emergency treatment provided by a licensed dentist will be reimbursed up to \$100 per emergency. |
| 16. CONVERSION | No conversion plan available. | A conversion plan is not available upon termination of coverage; however an individual plan is available. Call (800) 422-4234 for information. | A conversion plan is available upon termination of coverage. Call (800) 992-3366 for information. | A conversion plan is available upon termination of coverage. Call (800) 992-3366 for information. |
| 17. CLAIM FORMS | Claim forms are required. When visiting a Delta Dental dentist, the dental office completes and submits a claim form to Delta Dental on behalf of the enrollee. | None. Send documented bill when seeking reimbursement for emergency care. | None. Send documented bill when seeking reimbursement for emergency care. | None. Send documented bill when seeking reimbursement for emergency care. |
| 18. OTHER GROUP INSURANCE | Benefits are coordinated. | Benefits are not coordinated. | Benefits are coordinated. | Benefits are coordinated. |
| 19. PRE-EXISTING CONDITION | This plan will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this Plan. Also see 8a, 9a and 10a above. | Pre-existing conditions are covered, however Delta Dental will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this plan, with the exception of orthodontics. This plan does cover some orthodontic treatment in progress. Refer to Evidence of Coverage booklet for complete details. | Pre-existing conditions are covered, however, Western Dental will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this plan. | Pre-existing conditions are covered, however, Western Dental will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this plan. |
| 20. TELEPHONE NUMBERS/WEBSITES | Information: (866) 499-3001 Claims: (866) 499-3001 www.deltadentalins.com | Information: (800) 422-4234 Claims: (800) 422-4234 www.deltadentalins.com | Information: (800) 992-3366 Claims: (800) 992-3366 www.westerndental.com | Information: (800) 992-3366 Claims: (800) 992-3366 www.westerndental.com |

ENROLLMENT REQUIREMENTS: San Diego Unified School District's plan year is January 1 to December 31. Eligible employees must submit the appropriate enrollment forms to the Employee Benefits Department within 31 days of becoming eligible. Once enrolled, you typically cannot make changes until the next open enrollment period, unless you have an IRS-approved "change of family status" (Qualifying Event) during the year, which may include:

- The addition of a dependent through birth, adoption or marriage
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
- A change in your or your spouse's employment status including loss of employment or a change from full-time to part-time, or vice versa
- A substantial change in your employer's benefits coverage or a spouse's coverage
- A relocation that impacts network coverage

You must adjust your benefit election within 31 days of the Qualifying Event. You will be required to certify your change in family status. If you experience a Qualifying Event, please contact the Employee Benefits Department for assistance.