


# Dental Coverage Highlights

The following information is only a summary. Once you select the plan that is right for you and your family, be sure to read the plan's *Evidence of Coverage (EOC)* booklet for details on how to select a dentist, what services are included, and your costs and copays, if any. The EOC can be found on the EBC online.

Plan Features*	DeltaCare USA	Delta Dental PPO		Delta PPO Supplemental Plan (DUAL-COUNTY EMPLOYEE PLAN)
		PPO	Non-PPO	
<b>About the Plan</b>	Generally lower out-of-pocket costs than the PPO, but a more limited provider network. No out-of-network benefits.	Ability to see any provider, though your share of the charges will be lower if you see a Delta Dental PPO provider.		<p>If you <b>and</b> your spouse/domestic partner, and/or Young Adult Dependent (YAD) up to age 26, are employed by the County <b>and</b> enrolled in the County's Delta Dental PPO Plan, you can take advantage of the <b>Delta Dental PPO Supplemental Dental Plan</b>.</p> <p>This plan supplements the Delta Dental PPO plan by adding up to an additional 25% coinsurance on your Delta Dental PPO Plan for benefits provided to the spouse/domestic partner/YAD as eligible dental expenses are incurred throughout the year. The annual maximum is \$600.</p> <p><b>Important Note:</b> <i>You should not enroll in this plan if you are not covered by the County Delta Dental PPO Plan under another related County employee.</i></p> <p><i>To participate, one employee selects self+1 or family coverage, and the employee's spouse/domestic partner selects the supplemental plan with self+1 or family coverage.</i></p> <div style="text-align: center;">  <p><b>ALAMEDA COUNTY</b> <b>Human Resource Services</b> EMPLOYEE BENEFITS CENTER ADVOCACY   ASSISTANCE   RESULTS</p> </div>
<b>Your dental provider</b>	<ul style="list-style-type: none"> <li>■ You select a primary care dentist from the DeltaCare USA network.</li> <li>■ If you need a dental specialist, your DeltaCare dentist will make the referral for you.</li> </ul>	Go to any Delta Dental PPO dentist.	Use any licensed dentist, including Delta Dental Premier dentists. When you visit a non-contracted dentist and the cost exceeds the Maximum Plan Allowance, (MPA) you pay the difference.	
<b>Annual Deductible</b>	No deductible	\$45 per person	\$45 per person	
<b>Annual Maximum Benefit</b>	No annual or lifetime maximum	From \$1,450 to \$1,675 per person <sup>1</sup>		
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>■ Exam</li> <li>■ Cleaning</li> <li>■ Routine X-ray</li> <li>■ Fluoride treatment</li> </ul>	Plan generally pays 100%, but some services may require a copay. Please see EOC document.	Plan pays 100% with no deductible	Plan pays 100% of Delta Dental Premier dentist's fee or MPA. No deductible.	
<b>Basic Care</b> <ul style="list-style-type: none"> <li>■ Fillings</li> <li>■ Extractions</li> <li>■ Root canal therapy</li> <li>■ Periodontics</li> </ul>	Plan generally pays 100%, but some services may require a copay. Please see EOC document.	Plan plays 85% after deductible	Plan plays 80% of Delta Dental Premier dentist's fee or MPA after deductible	
<b>Major Care</b> <ul style="list-style-type: none"> <li>■ Crowns</li> <li>■ Inlays</li> <li>■ Bridges</li> <li>■ Dentures</li> </ul>	Plan generally pays 100%, but some services may require a copay. Please see EOC document.	Plan pays 80% after deductible, includes coverage for implants	Plan pays 80% of Delta Dental Premier dentist's fee or MPA after deductible, includes coverage for implants	
<b>Orthodontia</b> (adult and child)	Covered with a copay, which varies by treatment. Please see EOC document.	<ul style="list-style-type: none"> <li>■ \$2,500 lifetime maximum per person<sup>2</sup></li> <li>■ Plan pays 50% of cost up to maximum</li> <li>■ Deductible does not apply</li> </ul>		
<b>Other</b>	<ul style="list-style-type: none"> <li>■ Implants are not covered</li> <li>■ Mouth guards are covered</li> </ul>	TMJ and Mouth guards are covered at 60%	TMJ and mouth guards are covered at 60% of the Delta Dental dentist's Premier fee or MPA after deductible	

\* If there is any conflict between the information in this summary and the Plan's EOC, the EOC determines benefits provided.

<sup>1</sup> While most employees have a \$1,675 annual maximum, some employees have a \$1,450, \$1,550 or \$1650 annual maximum. Check your Memorandum of Understanding or Administrative Code (if unrepresented), to see which maximum applies to you.

<sup>2</sup> Orthodontia Lifetime maximum for DSA and ACMEA Sheriff's Management is \$3,000 per person.