

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	
About the Plan	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 and your spouse/ domestic partner, and/or Young Adult Dependent (YAD) up to age 26, are employed by the County and enrolled in the County's Delta Dental PPO Plan, you can take advantage of the Delta Dental PPO Supplemental Dental Plan.</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>Important Note: <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. 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>
Your Dental Provider	<ul style="list-style-type: none"> You select a primary care dentist from the DeltaCare USA network. If you need a dental specialist, your DeltaCare dentist will make the referral for you. 	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.	
Annual Deductible	No deductible	\$45 per person	\$45 per person	
Annual Maximum Benefit	No annual or lifetime maximum	From \$1,450 to \$1,900 per person ¹		
Preventive Care <ul style="list-style-type: none"> Exam Cleaning Routine X-ray Fluoride treatment 	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.	
Basic Care <ul style="list-style-type: none"> Fillings Extractions Root canal therapy Periodontics 	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	
Major Care <ul style="list-style-type: none"> Crowns Inlays Bridges Dentures 	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	
Orthodontia (adult and child)	Covered with a copay, which varies by treatment. Please see EOC document.	<ul style="list-style-type: none"> \$2,500 lifetime maximum per person² Plan pays 50% of cost up to maximum Deductible does not apply 		
Other	<ul style="list-style-type: none"> Implants are not covered Mouth guards are covered 	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.

¹ While most employees have a \$1,900 annual maximum, some employees have a \$1,450, \$1,550 or \$1,750 annual maximum. Check your Memorandum of Understanding or Administrative Code (if unrepresented), to see which maximum applies to you.

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