LAS VIRGENES USD DELTA DENTAL PPO PLAN COMPARISON
HIGH OPTION vs. LOW OPTION

HIGH OPTION PPO

Who is Eligible:	Primary Enrollee, spouse and eligible dependent children to age 25 (includes domestic partner)		
Annual Maximum:	Maximum benefit paid per calendar year is $2,000 per person		
Waiting Periods:	None		
Deductibles:	Not Applicable		
Deductible Waived for Diagnostic and Preventable?	Not Applicable		
Benefits and Covered Services:	**In-Network with PPO Provider**	**Out-of-Network**	
		Premier Provider	**Non-Delta Provider**
Diagnostic & Preventive	100%	100%	100%
Basic Benefits	100%	100%	100%
Crowns, Cast Restorations	100%	100%	100%
Prosthodontics	60%	50%	50%
Orthodontic Benefits – Dependent Child Only	50%	50%	50%
Orthodontic Maximum	$500 Lifetime	$500 Lifetime	$500 Lifetime
Dental Accident Benefits	100%	100%	100%
Dental Accident Maximum	$1,000 per Calendar Year	$1,000 per Calendar Year	$1,000 per Calendar Year

LOW OPTION PPO

Who is Eligible:	Primary Enrollee, spouse and eligible dependent children to age 25 (includes domestic partner)		
Annual Maximum:	Maximum benefit paid per calendar year is $2,000 per person in-network. Maximum benefit paid per calendar year is $1,500 per person out-of-network.		
Waiting Periods:	None		
Deductibles:	$50 per person, $150 per family, per calendar year in- network. $100 per person, $300 per family, per calendar year out-of-network.		
Deductible Waived for Diagnostic and Preventable?	Yes, Waived for Diagnostic and Preventable Charges		
Benefits and Covered Services:	**In-Network with PPO Provider**	**Out-of-Network**	
		Premier Provider	**Non-Delta Provider**
Diagnostic & Preventive	100%	100%	100%
Basic Benefits	80%	80%	80%
Crowns, Cast Restorations	80%	80%	80%
Prosthodontics	50%	50%	50%
Orthodontic Benefits – Dependent Child Only	50%	50%	50%
Orthodontic Maximum	$500 Lifetime	$500 Lifetime	$500 Lifetime
Dental Accident Benefits	Not Applicable	Not Applicable	Not Applicable
Dental Accident Maximum	Not Applicable	Not Applicable	Not Applicable

Note: Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

Fees are based on PPO fees for in-network dentists and the maximum plan allowance for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.

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