

Alvord Unified School District						
2023 CSEA - Dental Plan Comparison						
Plan	DeltaCare USA HMO		Delta Dental PPO		Anthem Dental PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	No coverage	None	\$25 Individual /\$75 Family	None	None
Annual Benefit Maximum	None	No coverage	\$1,500 Individual	\$1,000 Individual	\$4,000	\$250
Cleanings and X-Rays	No charge	No coverage	No charge	50% Co-Insurance	No charge	No charge
Fillings	\$0-\$175 Co-pay	No coverage	No charge	50% Co-Insurance	No charge	No charge
Root Canals	\$0-\$220 Co-pay	No coverage	No charge	50% Co-Insurance	No charge	No charge
Periodontics (Root Treatment)	\$0-\$195 Co-pay	No coverage	No charge	50% Co-Insurance	No charge	No charge
Oral Surgery	\$0-\$90 Co-pay	No coverage	No charge	50% Co-Insurance	50% Co-insurance	50% Co-Insurance
Crowns	\$35-\$195 Co-pay	No coverage	No charge	50% Co-Insurance	50% Co-insurance	50% Co-Insurance
Prosthodontics (Dentures)	\$80-\$170 Co-pay	No coverage	No charge	50% Co-Insurance	50% Co-insurance	50% Co-Insurance
Implants	\$330 - \$1,015 copay	No coverage	50% Co-insurance	50% Co-insurance	No charge - \$2,000 annual benefit maximum	No coverage
Orthodontics (Adults and Dependent Children)	\$950-\$1,900 Co-pay, additional charge for treatment beyond 24 months	No coverage	No coverage	No coverage	\$2,000 lifetime maximum benefit per person	\$2,000 lifetime maximum benefit per person
Dental Accident	No coverage	No coverage	No charge (Separate \$1,000 maximum per person each calendar year)		100% coverage up to the coverage year annual maximum; no deductible or co-insurance apply	No coverage

Some services are limited to a certain number of visits per year.

DeltaCare USA HMO Co-payments represent the average range of costs, the exact cost will depend on the type of service provided and the material used.

Insurance carrier materials govern should any disparity between this brief summary and their EOC exist.

