

ALVORD UNIFIED SCHOOL DISTRICT MANAGEMENT DENTAL PLAN COMPARISON				
PLAN	DELTA DENTAL PPO*		ANTHEM DENTAL PPO	
NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
ANNUAL DEDUCTIBLE	NONE		NONE	NONE
ANNUAL MAXIMUM BENEFIT	\$1,700 PER PERSON	\$1,500 PER PERSON	\$2,000 PER PERSON	\$2,000 PER PERSON
PREVENTATIVE SERVICES (I.E. CLEANINGS, X-RAYS)	0-30%	0-30%	NO CHARGE	NO CHARGE
BASIC SERVICES (I.E. FILLINGS)	0-30%	0-30%	10% CO-INSURANCE	20% CO-INSURANCE
ENDODONTICS (I.E. ROOT CANALS)	0-30%	0-30%	10% CO-INSURANCE	20% CO-INSURANCE
PERIODONTICS (I.E. GUM TREATMENT)	0-30%	0-30%	10% CO-INSURANCE	20% CO-INSURANCE
ORAL SURGERY	0-30%	0-30%	10% CO-INSURANCE	20% CO-INSURANCE
MAJOR SERVICES (I.E. CROWNS)	0-30%	0-30%	40% CO-INSURANCE	50% CO-INSURANCE
PROSTHODONTICS (I.E. DENTURES)	50%	50%	40% CO-INSURANCE	50% CO-INSURANCE
ORTHODONTICS	NOT COVERED	NOT COVERED	50% CO-INSURANCE + ANY CHARGES OVER \$1,500	50% CO-INSURANCE + ANY CHARGES OVER \$1,500
DENTAL ACCIDENTS	NO CHARGE, SEPARATE \$1,000 MAXIMUM PER PERSON	NO CHARGE, SEPARATE \$1,000 MAXIMUM PER PERSON	NO CHARGE	NO CHARGE

FOOTNOTES:

*THIS IS AN INCENTIVE PLAN. EACH YEAR THE MEMBER COMPLETES A PREVENTATIVE EXAM/CLEANING, THEIR OUT OF POCKET RESPONSIBILITY WILL DECREASE BY 10%.

1. AMOUNTS LISTED REPRESENT THE MEMBER'S COST AND ASSUME PRIOR AUTHORIZATION, IF NEEDED, HAS BEEN OBTAINED.

2. SOME BENEFITS/SERVICES ARE RESTRICTED IN THEIR FREQUENCY.

3. THIS DOCUMENT IS INTENDED TO PROVIDE A HIGH LEVEL COMPARISON, AND DOES NOT ACCOUNT FOR EVERY POSSIBLE CHARGE. INSURANCE CARRIER MATERIALS GOVERN SHOULD ANY DISPARITY BETWEEN THIS SUMMARY AND THEIR DETAILED MATERIALS EXIST. FOR A COPY OF INSURANCE CARRIER MATERIALS, CONTACT THE BENEFITS DEPARTMENT.