



## SAN DIEGO UNIFIED SCHOOL DISTRICT SUMMARY OF DENTAL BENEFITS PLANS 2009 PLAN YEAR

January 1, 2009

		<b>DELTA DENTAL PPO</b> Refer to Evidence of Coverage for complete details	<b>DELTA DENTAL DELTACARE USA PLAN M88</b> Refer to Evidence of Coverage for complete details	<b>WESTERN DENTAL</b>
<b>1. TYPE OF PLAN</b>		An insurance-type dental PPO plan, fully insured by the District with claims processing and access to contracted dentists provided by Delta Dental of California.	An HMO-type prepaid dental plan. All services must be obtained from a DeltaCare USA provider.	An HMO-type prepaid dental plan. All services must be obtained from a Western Dental provider.
<b>2. CHOICE OF PROVIDER</b>		Each person enrolled in the Plan has the freedom to select the services of any licensed dentist; however, dentists who are participating members of Delta Dental's PPO have agreed to accept the Plan's payment as payment in full based on prenegotiated PPO fees subject to the Plan's deductibles, maximum benefits, limitations, and exclusions.	At the time of enrollment, each member must select a dentist or dental group which participates in the DeltaCare plan. Treatment must be provided by a participating dentist except for emergency situations. Certain services performed by a specialist are covered by the plan. Patients are treated by a specialist only upon referral by the primary care dentist.	At the time of enrollment, each member must select a dentist or dental group which participates in the Western Dental plan. Treatment must be provided by a participating dentist except for emergency situations. Certain services performed by a specialist are covered by the plan. Patients are treated by a specialist only upon referral by the primary care dentist.
<b>3. DEDUCTIBLES</b>		The Deductible is the amount of Covered Expenses which must be paid by a Covered Person before any benefits are payable for that person under any portion of the Plan. The Deductible is \$25 per person per calendar year. There is a maximum Deductible of \$75 per family per calendar year.	None	None
<b>4. MAXIMUM BENEFIT</b>		The Maximum Benefit which will be paid by the Plan is \$1500 per person per calendar year; however, if a Covered Person is concurrently covered as an Employee and as the spouse or Domestic Partner of another Covered Employee or as the child of two Covered Employees, the Maximum Benefit is \$1500 per calendar year under each Employee's Plan.	None except as specified below.	None except as specified below.
<b>5. ALTERNATE/OPTIONAL COURSE OF TREATMENT</b>		This plan covers several categories of Benefits, when the services are provided by a licensed dentist, and when they are necessary and customary under the generally accepted standards of dental practice. Precision attachments, cosmetic treatment, personalization, specialized techniques, experimental procedures, and hospital charges are not covered.	This Plan covers the least expensive service or supply which is recognized to be appropriate to treat the dental condition in accordance with broadly accepted standards of practice. Precision attachments, personalization, specialized techniques, implants, experimental procedures, and hospital charges are not covered.	This Plan covers the least expensive service or supply which is recognized to be appropriate to treat the dental condition in accordance with broadly accepted standards of practice. Precision attachments, cosmetic treatment, personalization, specialized techniques, implants, experimental procedures, and hospital charges are not covered.
<b>6. DIAGNOSTIC SERVICES</b>	a. Oral Exam	Plan pays 100% of charges by Delta Dental PPO dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to 2 oral examinations, consultations and office visits in a calendar year.	No charge.	No charge.
	b. X-rays	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Bitewing x-rays are limited to twice in a calendar year for children under the age of 18 and once in a calendar year for adults. Full-mouth x-rays are limited to once every 5 years.	No charge: Bitewings – 1 series every 6 months; Full mouth x-rays are limited to 1 series every 24 months.	No charge: Bitewings – 1 series every 6 months; Full mouth x-rays are limited to 1 series every 24 months.
	c. Routine Teeth Cleaning and Periodontal Maintenance Following Periodontal Therapy	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Routine cleanings are limited to twice in a calendar year in conjunction with prophylaxis procedures.  Additional Periodontal Benefits during Pregnancy: Pregnant enrollees are eligible for a benefit enhancement that includes one additional oral evaluation and either one additional prophylaxis or one periodontal scaling/root planing procedure. Written confirmation of the pregnancy must be provided by the enrollee or her dentist when the claim is submitted.	No charge. Limited to once each 6 months – additional cleanings (within the 6 month period) are covered at a set copayment - \$45 for adults and \$35 for children.	No charge. Limited to once each 6 months – additional cleanings (within the 6 month period) are covered at a set copayment - \$45 for adults and \$35 for children.
	d. Fluoride Treatment	Plan pays 100% of charges by Delta Dental PPO dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Fluoride treatment is limited to twice in a calendar year.	No charge for application once every 6 months.	No charge to age 19. Limited to once each 6 months.
	e. Space Maintainers	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) for Covered Persons through age 12 only, once in a five-year period.	No charge.	No charge.
	f. Sealants (Permanent Molars Only)	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) on permanent first molars* through age 8, and permanent second molars* through age 15; application covered once every 2 years.  *Molars must be caries-free with no prior restorations.	No charge through age 15.	No charge through age 15.
<b>7. PERIODONTICS</b>	a. Periodontal Scaling/Root Planning	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once every 24 months.	No charge.	No charge.
	b. Gingivectomy	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once every 36 months.	No charge.	No charge.
	c. Osseous Surgery	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists).	No charge.	No charge.
<b>8. ENDODONTICS</b>	a. Root Canal Therapy	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists). Subject to plan limitations. Please refer to EOC for full description.	No charge.	No charge.
<b>9. RESTORATIVE</b>	a. Fillings and Crowns	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) for the least expensive, professionally acceptable treatment (as determined by Delta Dental), for fillings and crowns necessary to restore the structure of teeth broken down by decay and/or injury. Fillings are limited to once every 24 months; crowns once every five years.  Fillings: If a composite/resin restoration is placed on a posterior tooth, the plan will make an allowance based on the dentist fee for the corresponding amalgam restoration.	No charge for the least expensive service or supply resulting in professionally adequate treatment for fillings and crowns necessary to restore the structure of teeth broken down by decay or injury, except that member must pay lab cost of \$100 for noble metal, \$125 for high noble metal full and \$150 for porcelain on molar teeth. Replacement of crowns, inlays, and onlays requires the existing restoration to be 5+ years old.	No charge for the least expensive service or supply resulting in professionally adequate treatment for fillings and crowns necessary to restore the structure of teeth broken down by decay or injury, except that member must pay lab cost of \$100 for noble metal, \$125 for high noble metal full and \$150 for porcelain on molar teeth. Replacement of crowns, inlays, and onlays requires the existing restoration to be 5+ years old.
<b>10. PROSTHETICS</b>	a. Bridges and Dentures	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to once every 5 years.  Implants are covered once every 5 years.  Delta Dental's standard is to allow a tooth to be replaced by prosthetic procedures regardless of when the tooth was extracted.	No charge for the least expensive service or supply resulting in professionally adequate treatment for bridges, dentures, and partial dentures except that member must pay full cost of semiprecious or precious metals. Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.	No charge for the least expensive service or supply resulting in professionally adequate treatment for bridges, dentures, and partial dentures except that member must pay full cost of semiprecious or precious metals. Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.
	b. Denture Reline (Laboratory)	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) limited to twice in a 12-month period, per arch. Relines are not a benefit during the six-month period following initial placement.	No charge. Limited to 1 per denture during any 12 consecutive months.	No charge. Limited to 1 per denture during any 12 consecutive months.
<b>11. ORAL SURGERY</b>	a. Extractions	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists).	No charge.	No charge.
	b. General Anesthesia	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists) only when provided in conjunction with covered oral surgery procedures.	Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421).	Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421).

DENTAL

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<b>12. ORTHODONTIA</b>	a. Full Banded Cases	Not covered; however, the Plan will pay \$50 per person per lifetime when a Delta Dental orthodontist is used.	Member is responsible for \$1000 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details.
	b. Partially Banded Cases	See 12a above.	Member is responsible for \$500 copay for up to 24 months active treatment and \$250 copay for up to 24 months of retention including the retainer. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details.  Note: For both a. and b. above, the member is responsible for up to \$150 maximum copay for beginning and again for ending diagnostic records, including cephalometric x-rays and photographs. Pre-banding devices, appliance, therapy and tooth guidance appliances are NOT a covered benefit. Refer to Evidence of Coverage booklet for complete details.
<b>13. ORTHODONTIC EXTRACTIONS</b>	a. Per tooth	Plan pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental PPO Fee Allowance for non-PPO dentists).	No charge
	b. General Anesthesia	See 11b above.	Member pays \$165 copay for first 30 minutes and \$80 copay for each additional 15 minutes only when in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (procedures D7230, D7240, D7421).
<b>14. TEMPOROMANDIBULAR JOINT (TMJ) TREATMENT/JAW JOINT TREATMENT</b>	Not covered.	Not covered.	Not covered.
<b>15. DENTAL CARE OUTSIDE OF SERVICE AREA</b>	Plan will pay worldwide benefits (70% of Delta Dental PPO Fee Allowance for non-PPO dentists).	Emergency treatment provided by a licensed dentist will be reimbursed up to \$100 per emergency.	Emergency treatment provided by a licensed dentist will be reimbursed up to \$100 per emergency.
<b>16. CONVERSION</b>	No conversion plan available.	A conversion plan is not available upon termination of coverage; however an individual plan is available. Call (800) 422-4234 for information.	A conversion plan is available upon termination of coverage. Call (800) 992-3366 for information.
<b>17. CLAIM FORMS</b>	Claim forms are required. When visiting a Delta Dental dentist, the dental office completes and submits a claim form to Delta Dental on behalf of the enrollee.	None. Send documented bill when seeking reimbursement for emergency care.	None. Send documented bill when seeking reimbursement for emergency care.
<b>18. OTHER GROUP INSURANCE</b>	Benefits are coordinated.	Benefits are not coordinated.	Benefits are coordinated.
<b>19. PRE-EXISTING CONDITION</b>	This plan will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this Plan. Also see 8a, 9a and 10a above.	Pre-existing conditions are covered, however Delta Dental will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this plan, with the exception of orthodontics. <b>This plan does cover some orthodontic treatment in progress. Refer to Evidence of Coverage booklet for complete details.</b>	Western Dental will not provide benefits for any dental treatment which was begun prior to the member's effective date of coverage under this plan. Also see Item #10a
<b>20. TELEPHONE NUMBERS</b>	Information: (866) 499-3001  Claims: (866) 499-3001	Information: (800) 422-4234  Claims: (800) 422-4234	Information: (800) 992-3366  Claims: (800) 992-3366

**ENROLLMENT REQUIREMENTS:** San Diego Unified School District's plan year is January 1 to December 31. Eligible employees must submit the appropriate enrollment forms to the Employee Benefits Office within 31 days of becoming eligible. Once enrolled, you typically cannot make changes until the next open enrollment period, unless you have an IRS-approved "change of family status" (Qualifying Event) during the year, which may include:

- The addition of a dependent through birth, adoption or marriage
- The loss of a dependent through divorce or death, or if your child reaches the maximum age limit for coverage
- A change in your or your spouse's employment status including loss of employment or a change from full-time to part-time, or vice versa
- A substantial change in your employer's benefits coverage or a spouse's coverage
- A relocation that impacts network coverage

You must adjust your benefit election within 31 days of the Qualifying Event. You will be required to certify your change in family status. If you experience a Qualifying Event, please contact the Employee Benefits Office for assistance.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your plan documents (Schedule of Benefits, Certificate of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet-certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. In case of a conflict between your plan document and this information, the plan documents will always govern. For further information on the above plans, contact the Employee Benefits Office at (619)725-8130, option 6.

Selecting a dental plan is an important and personal matter. Among the many factors which need to be considered are cost, level of coverage, convenience, service area, quality and number of dentists, and type of plan. There is no assurance, however, that a particular dentist will continue to participate in a specific plan. It is the patient's responsibility to verify that a particular dentist is a participant in a plan prior to obtaining services or supplies.