Keenan

RENEWAL 2025

Perris Union High School District

Anthem Dental PPO, Delta Dental PPO & Delta Dental PPO Incentive Plan Compare - Certificated Employees

Effective July 1, 2025

	Anthem Blue Cross		Delta Dental Insurance Company		Delta Dental Insurance Company	
Carrier Name						
Plan Name	PPO - Cert		PPO - Mgmt,Conf,Certificated & Board Members		PPO Incentive	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
General Plan Information						
Annual Deductible/Individual	$0	$0	$0	$0	$0	$0
Annual Deductible/Family	$0	$0	$0	$0	$0	$0
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes
Annual Plan Maximum	$2,000 In/Out of Network Combined	$2,000 In/Out of Network Combined	$2,000 in/out of network combined - separate $500 lifetime maximum benefit for occlusal guard	$2,000 in/out of network combined - separate $500 lifetime maximum benefit for occlusal guard	$2,200 in/out of network combined - separate $500 lifetime maximum benefit for occlusal guard	$2,000 in/out of network combined - separate $500 lifetime maximum benefit for occlusal guard
Lifetime Orthodontia Plan Maximum	$2,000 In/Out of Network Combined	$2,000 In/Out of Network Combined	$2,000 in/out-of-network combined	$2,000 in/out-of-network combined	$2,000 in/out of network combined	$2,000 in/out of network combined
Reasonable & Customary Percentile	100-90-60% of Negotiated Fee	100-80-50% of Reasonable & Customary	100% 50% for prosthodontic - bridges/dentures/partials	50%	70-100% 70% first year of eligibility/increases 10% yearly provided member visits dentist annually	70-100% 70% first year of eligibility/increases 10% yearly provided member visits dentist annually
Waiting Period	N/A	N/A	0 months	0 months	0 months	0 months
Covered Services						
Diagnostic and Preventive Services						
Diagnostic and Preventive	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Bitewing X-Rays	100% of Negotiated Fee once/cal yr adult;once/6 mo. child	100% of Reasonable & Customary once/cal yr adult;once/6 mo. child	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Full Mouth X-Rays	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100% 1 every 3 years - in/out-of-network combined	70-100% 1 every 3 years - in/out-of-network combined
Cleaning and Scaling			100% (teeth whitening included, one treatment per 24 months)	50% (teeth whitening included, one treatment per 24 months	70-100% 2/calendar year - in/out-of-network combined (teeth whitening included, one treatment per 24 months)	70-100% 2/calendar year - in/out-of-network combined (teeth whitening included, one treatment per 24 months)
Prophylaxis Treatments	100% of Negotiated Fee 3/calendar year	100% of Reasonable & Customary 3/calendar year	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Fluoride Treatments	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Space Maintainers	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100%	70-100%
Sealants	100% of Negotiated Fee Dependent Children Under 14	100% of Reasonable & Customary Dependent Children Under 14	100% dependent children under 14	50% dependent children under 14	70-100% dependent children under age 14	70-100% dependent children under age 14
Basic Services						
Basic	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Endodontic Treatment	90% of Negotiated Fee once per tooth/24 months	80% of Reasonable & Customary once per tooth/24 months	100%	50%	70-100%	70-100%
Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	50%	70-100%	70-100%
Re-linings and Re-basings of Existing Removable Dentures	90% of Negotiated Fees once/36 months	80% of Reasonable & Customary once/36 months	50%	50%	50%	50%
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	90% of Negotiated Fees	80% of Reasonable & Customary	100% bridges/dentures 50%	50%	70-100% crowns/inlays/onlays bridges/dentures - 50%	70-100% crowns/inlays/onlays bridges/dentures - 50%

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.

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Major Services						
Major	60% of Negotiated Fee; occlusal guard included, one per 24 months in and out of network combined	50% of Reasonable & Customary; occlusal guard included, one per 24 months in and out of network combined	50%	50%	50%	50%
Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	50%	70-100% same tooth/once every 5 years - in/out-of-network combined	70-100% same tooth/once every 5 years - in/out-of-network combined
Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	60% of Negotiated Fee once in 60 months	50% of Reasonable & Customary once in 60 months	50%	50%	50%	50%
Implants	60% of Negotiated Fee once/60 months;maintenance & repair/12 months	50% of Reasonable & Customary once/60 months;maintenance & repair/12 months	50% with a $1,500 calendar year maximum	50% with a $1,500 calendar year maximum	Not covered	Not covered
Orthodontia Services						
Orthodontia	50%	50%	80%	80%	80%	80%
Dependent Children	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)
Adults (and Covered Full-Time Students, if Eligible)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)	$2,000 lifetime maximum (in and out of network combined)

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