

Santa Clara County Schools' Insurance Group 2027 Dental Plans Comparison



	Delta Dental PPO "Premium" Plan	Delta Dental PPO "High" Plan	Delta Dental PPO "Low" Plan	Dental Indemnity Plan
	In the Delta Dental incentive plans, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for major service during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the same level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%			The indemnity plan has no "incentive" feature
Deductibles	None	None	None	None
Maximums	PPO dentists: \$3,200/person/cal year Non-Delta dentists: \$3,000/person/cal year	PPO dentists: \$2,200/person/cal year Non-Delta dentists: \$2,000/person/cal year	PPO dentists: \$1,200/person/cal year Non-Delta dentists: \$1,000/person/cal year	\$2,500/person/cal year
Benefits & Covered Services*	Delta Dental PPO dentists/Non-PPO dentists**	Delta Dental PPO dentists/Non-PPO dentists**	Delta Dental PPO dentists/Non-Delta dentists**	Any Licensed Dentist
Diagnostic & Preventive Services Exams, cleanings & x-rays # of Cleanings	70 - 100% (Does not apply to Calendar Year Max) 3	70 - 100% (Does not apply to Calendar Year Max) 2	70 - 100% (Does not apply to Calendar Year Max) 2	100% (Applies to Calendar Year Max) 2
Basic Services Fillings and sealants	70 - 100%	70 - 100%	70 - 100%	100%
Endodontics (root canals) Covered under Basic Services	70 - 100%	70 - 100%	70 - 100%	100%
Periodontics (gum treatment) Covered under Basic Services	70 - 100%	70 - 100%	70 - 100%	100%
Oral Surgery Covered under Basic Services	70 - 100%	70 - 100%	70 - 100%	100%
Major Services Crowns, inlays, onlays & cast restorations	70 - 100%	70 - 100%	70 - 100%	90%
Prosthodontics Bridges & dentures	50%	50%	50%	50%
Implant Benefits	60%; \$6,000/Calendar Year	Not covered	Not Covered	Not Covered
Occlusal Guard Benefits	50%	50%	50%	50%
Occlusal Guard Maximums	\$500 Lifetime	\$500 Lifetime	\$500 Lifetime	\$500 Lifetime***
Orthodontic Benefits	Adults and Dependent Children 100%	Dependent Children 100%	Not Covered	Adults and Dependent Children 50%
Orthodontic Maximums	\$5,000 Lifetime	\$2,000 Lifetime	N/A	\$2,000 Lifetime***
Dental Accident Benefits	100% (separate \$1,000 max/person/cal year)	100% (separate \$1,000 max/person/cal year)	100% (separate \$1,000 max/person/cal year)	100% (separate \$1,000 max/person/cal year)
2027 RATES				
Employee Only	\$69.88	\$63.16	\$54.40	\$73.37
Two-Party	\$139.75	\$126.28	\$108.81	\$146.74
Family	\$236.25	\$213.52	\$183.96	\$248.06

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

*** In conjunction with previous Delta Dental benefit usage.

Disclaimer: The information described on this page is only intended to be a summary of your plans benefits. If the information on this page conflicts in any way with the Group Contract Agreement, the contract provisions of the appropriate policy or plan document will prevail.