



ASCIP Delta Dental Enhanced PPO
Health Benefits Program Comparison Prepared for
Mount San Antonio College
Effective 1/1/2018

Eligible Participants	Delta Dental PPO		Delta Dental PPO		Deltacare HMO*
	Network	Non-Network	Network	Non-Network	In-Network Only
General Benefits					
Calendar Year Deductible	None		None		None
Calendar Year Maximum Benefit	\$2,500		\$1,000		Unlimited
Diagnostic Care Benefits					
Oral exam, cleaning, x-rays, tissue biopsy exams, fluoride treatment, space maintainers, specialist consultation.	100%		100%		No Cost
Basic Benefits					
Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants	100%		100%		No Cost to \$5 per procedure
Crowns and Other Cast Restorations					
	100%		100%		Co-pays vary
Prosthetics					
Bridge Bridges (partial and full), dentures	70%	50%	70%	50%	Co-pays vary
Dental Accident Benefits					
	100%, \$1,000 maximum per calendar year		100%, \$1,000 maximum per calendar year		Covered up to \$1,600 per calendar year
Enhancements					
Third Cleaning for Pregnancy	Covered up to plan maximum		Covered up to plan maximum		Not Covered
Dental Implants					
Orthodontics					
	Not Covered		Not Covered		Not Cost to \$1600

ASCIP may modify, amend or terminate any of the benefit plans at any time, with or without notice. This chart does not serve as a contract. The chart above only provides highlights of the benefits offered by ASCIP. If there are inconsistencies between this chart and the official plan documents, the plan documents will govern.

Notes: *CAA17 benefits based on American Dental Association (ADA) codes, see plan document for details.