



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