

THIS MAXTRIX IS INTENDED TO BE USED TO HELP YOU COMPARE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF YOUR BENEFITS.

**DELTA DENTAL PPO INCENTIVE PLAN
CALIFORNIA'S VALUED TRUST**

**DENAIR UNIFIED SCHOOL DISTRICT
#7901-00890 & 00891
EFFECTIVE 10-01-2011**

DENTAL SERVICES	DELTA DENTAL'S APPLICABLE PERCENTAGE FOR PPO DENTISTS	CALENDAR YEAR DEDUCTIBLE AND MAXIMUM	DELTA DENTAL'S APPLICABLE PERCENTAGE FOR PREMIER® DENTISTS	CALENDAR YEAR DEDUCTIBLE AND MAXIMUM
Diagnostic & Preventive Benefits – (2) oral examinations, (2) cleanings each calendar year. X-rays, examination of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	70-100%	No deductible. Unlimited calendar year is per person	70-100%	No deductible. Unlimited calendar year is per person
Basic Benefits - oral surgery (extraction), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants, nitrous oxide	70-100%		70-100%	
Crowns, Inlays, Onlays, Cast Restorations	70-100%		70-100%	
Prosthodontic Benefits – bridges, partial dentures, full dentures	60%		50%	
Dental Accident Benefit – separate from cal. yr. max.	100%		\$1,000 per enrollee	