

# 2024 DENTAL COMPARISON CHART

## COUNTY DENTAL PLANS COMPARISON CHART

These benefit summaries only highlight your benefits. They are not Summary Plan Descriptions (SPDs). If any discrepancy exists between these benefit summaries and the official plan documents, the official plan documents will prevail.

	DeltaCare USA DHMO	Local Advantage EPO Plus	Delta Dental PPO	
	High-Option Plan (10A)	In-Network	Delta Dental PPO Dentists	Premier Dentists Out-of-Network Dentists
Annual deductible	None	None	None	\$50 individual   \$150 family
Calendar year maximum benefit	None	\$2,000/person	\$2,000/person	\$1,500/person
<b>Diagnostic and Preventive</b>				
Exams	No charge	No charge	No charge	No charge
Cleaning	No charge	No charge	No charge	No charge
Full mouth X-rays	No charge	No charge	No charge	No charge
Topical fluoride – child	No charge	No charge	No charge	No charge
Sealants (per tooth)	\$5	No charge (under age 14)	No charge	No charge
<b>Restorative</b>				
Fillings – amalgam (silver)	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
Fillings – composite resin (tooth-colored) for anterior (front) teeth	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
Fillings – composite resin (tooth-colored) for posterior (back) teeth	\$45–\$75	When decay is present, you pay the cost difference between amalgam and resin  For cosmetic purposes to replace an alloy/amalgam filling, you pay 50%	Not covered	Not covered
<b>Endodontics</b>				
Single root canal	\$45	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
Bicuspid root canal	\$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
Molar root canal	\$205	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
<b>Periodontics</b>				
Periodontal scaling and root planing 4 or more teeth/quadrant	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
<b>Crowns, Bridges and Implants</b>				
Crowns	\$35–\$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible
Bridges	\$55–\$195	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible
Implants	Not covered	Not covered	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible

**COUNTY DENTAL PLANS COMPARISON CHART (CONTINUED)**

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	<b>DeltaCare USA DHMO</b>	<b>Local Advantage EPO Plus</b>	<b>Delta Dental PPO</b>	
	<b>High-Option Plan (10A)</b>	<b>In-Network</b>	<b>Delta Dental PPO Dentists</b>	<b>Premier Dentists Out-of-Network Dentists</b>
<b>Prosthodontics</b>				
Complete upper denture	\$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible
Complete lower denture	\$100	You pay 35%	You pay 40% of the PPO fee	You pay 50% of the PPO fee after the deductible
<b>Oral Surgery</b>				
Simple extraction	No charge	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
Impaction	\$25–\$90	You pay 10%	You pay 10% of the PPO fee	You pay 50% of the PPO fee after the deductible
<b>Cosmetic</b>				
Veneers	No benefit	You pay 50%	Not covered	Not covered
Teeth whitening	\$125	You pay 50%	Not covered	Not covered
Replacement of existing amalgam filling with composite	Not covered	You pay 50%	Not covered	Not covered
<b>Orthodontics</b>				
Child	\$1,700	Plan pays \$120 down, \$120 per month for 24 months	You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible
Adult (19 and up)	\$1,900	Plan pays \$120 down, \$120 per month for 24 months	You pay 50% of the PPO fee	You pay 50% of the PPO fee after the deductible
Lifetime maximum benefit	None	None	\$2,000/person	\$1,500/person