

# 2026 DENTAL COMPARISON CHART

## DENTAL

Dental coverage is an important part of your benefits package and a key to your overall health. The County is pleased to offer you a choice of plans, providers and coverage options. To be eligible, you must be a regular County employee scheduled to work at least 20 hours per week.

Please refer to the individual plan booklets for details of covered expenses, exclusions and limitations. Dental plan booklets are available online at <http://benefits.rc-hr.com> from your Department Representative, or by contacting the Benefits Information Line at **(951) 955-4981**.



### DENTAL PLAN ELIGIBILITY

All Regular County Employees

### COUNTY DENTAL PLANS

PLAN OPTION	HOW IT WORKS	WHAT TO KEEP IN MIND
<p><b>DeltaCare USA DHMO</b></p> <p>For additional information, visit DeltaCare USA at <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> or contact Member Services at <b>(800) 422-4234</b>.</p>	<ul style="list-style-type: none"> <li>As with a medical HMO, you (and each enrolled family member) will choose a primary care dentist from the DeltaCare USA network.</li> <li>You pay no annual deductible under this plan and will generally receive 100% coverage with a small copayment for certain services.</li> </ul>	<ul style="list-style-type: none"> <li>Please refer to the individual dental plan booklets for detailed lists of covered expenses, exclusions and limitations. Dental plan booklets are available from your Department Representative or by contacting the Benefits Information Line at <b>(951) 955-4981</b>.</li> </ul>
<p><b>Local Advantage EPO</b></p> <p>For a plan booklet, contact your Department Representative or call the Benefits Information Line at <b>(951) 955-4981</b>.</p>	<ul style="list-style-type: none"> <li>If you enroll in the Local Advantage EPO, you (and each enrolled family member) may seek services only from a provider in the Local Advantage Plus network.</li> <li>You pay no annual deductible under this plan. You will pay a percentage of your covered dental expenses (coinsurance).</li> <li>Benefits under this plan are limited to \$2,000 annually.</li> </ul>	<ul style="list-style-type: none"> <li>Always request a pre-treatment estimate of predetermination of benefits before having major dental work done. Don't be afraid to ask questions! Do not agree to any treatment unless you fully understand what condition is being treated, why it is being treated, and the costs of that treatment. When in doubt, contact your dental plan; you'll find the phone number for each plan on page 41 of this guide.</li> </ul>
<p><b>Delta Dental PPO</b></p> <p>For additional information, visit Delta Dental at <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> or contact Member Services at <b>(800) 765-6003</b>.</p>	<ul style="list-style-type: none"> <li>Like a medical PPO, the Delta Dental PPO gives you the freedom to receive dental services from any licensed dental provider you choose, with lower copayments when you use the network providers.</li> <li>You must pay a portion of most covered dental expenses each year before the plan will pay benefits (your deductible).</li> <li>After the deductible is paid, you will pay a percentage of your covered dental expenses (coinsurance).</li> <li>Benefits under this plan are limited to \$1,500 per individual annually. The annual maximum is increased to \$2,000 when you use network contracted providers.</li> </ul>	<ul style="list-style-type: none"> <li>The Delta Dental PPO plan covers implants. You will pay 40% in-network and 50% after the deductible out-of-network.</li> <li>The cost of routine checkups, cleanings and x-rays will not count toward your calendar year maximum, leaving more benefits for major services.</li> </ul>

## 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)**

**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.**

	<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