

District Council 16 Northern California Health and Welfare Trust Fund

Dental Plan Comparison

This comparison does not include a summary of the dental plans' exclusions and limitations. For a complete description of your dental plan, please refer to your Evidence of Coverage booklet.

	Plan Pays Delta PPO Network **	You Pay DeltaCare USA (Plan 10I)	You Pay United HealthCare Dental
Diagnostic: Exam X-Rays	100% of Delta allowed fee	No charge No charge	No charge No charge
Preventive: Prophylaxis Fluoride treatment (To Age 19) Space maintainers	100% of Delta allowed fee	No charge No charge \$10	No charge No charge No charge
Oral Surgery: Extractions Uncomplicated Soft tissue Partial bony Completely bony	80% of Delta allowed fee	No charge \$25 \$50 \$70 - \$90	No charge No charge No charge No charge
Restorative: Amalgam fillings Crown Inlay/Onlay – Metallic	80% of Delta allowed fee	No charge \$35 - \$195 No charge (resin/porcelain costs extra)	No charge No charge No charge (high noble metal costs \$150)
Periodontics: Gingivectomy Osseous Surgery Periodontal Scaling & Root Planing	80% of Delta allowed fee	\$80 for 4 or more teeth, \$50 for 1 to 3 teeth \$140 - \$175 No charge	No charge No charge No charge

(over for more information) Revised 5/01/2025

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	Plan Pays Delta PPO Network **	You Pay DeltaCare USA (Plan 10I)	You Pay United HealthCare Dental
Endodontics: Root canal therapy	80% of Delta allowed fee	\$45 - \$205	No charge
Prosthodontics: Bridges, full and partial dentures	80% of Delta allowed fee	No charge - \$170	No charge (Additional charges for up graded materials)
Orthodontia:	50% of Delta allowed fee, limited to a \$2500 lifetime benefit for children to age 19 or to age 24 for full-time students	\$1,700 comprehensive orthodontic treatment for children \$1,900 comprehensive orthodontic treatment for adults \$350 start-up fees for 24 months. Additional treatment after 24 months is \$75 per month	\$750 member copayment with start-up fees of \$350 and Retainers fees of \$150 Additional treatment after 24 months is \$125 per month Covered for children and Adults.
Calendar Year Maximum	\$2,000 per person per calendar year	None	None
Annual Deductible	\$50 for an Individual \$100 for a Family Waived for D&P and Ortho services	None	None

Note that under the Delta PPO Plan you may receive services from any dentist. However, you should inquire whether your dentist is contracted with Delta Dental. Most dentists are. However, if you receive services from a dentist who is not contracted with Delta, you are responsible for an additional 20% coinsurance plus any charges that Delta determines to be in excess of reasonable and customary charges.

For Delta PPO plan – Annual maximum is waived for Pediatric Dental Care provided to dependents up to the age of 19. This does not include Orthodontic coverage.

NOTE: Under Oral Surgery, Delta doesn't use the term "uncomplicated" any longer.