

2024 Dental Comparison Chart					
Benefits	DeltaCare HMO <i>California residents Only</i>	Delta Dental High PPO <i>Residents in & out of California</i>		Delta Dental Low PPO <i>Only available to residents out of California</i>	
	In Network only	In Network	Out of Network	In Network	Out of Network
Calendar Year Maximum	Unlimited	\$3,000 per member	\$3,000 per member	\$1,000 per member	\$1,000 per member
Calendar Year Deductible					
Individual	None	\$0	\$50	\$50	\$50
Family		\$0	\$150	\$150	\$150
Deductible waived for preventative		Yes	Yes	Yes	Yes
Diagnostic & Preventative					
Office visit	\$5				
Oral Exams	\$0	100%	100%	100%	100%
X-Rays	\$0	2 cleanings per year	2 cleanings per year	2 cleanings per year	2 cleanings per year
Teeth Cleaning	\$0				
Basic Services / Restorative					
Fillings					
Permanent amalgam	\$0	90%	80%	80%	80%
Resin-based composite – anterior	\$0				
Resin-based composite – posterior	\$45				
Oral Surgery	\$0 single tooth extraction \$50 for partial bony impaction				
Endodontics- Root Canal	\$45 - \$205				
Periodontics -Gum Treatment (per quadrant)	\$50 - \$80				
Major Services					
Crowns & Bridges	\$35 - \$195	60%	50%	50%	50%
Cosmetic dentistry	Not covered	Not covered	Not covered	Not covered	Not covered
Prosthetics (dentures)		60%	50%	50%	50%
Partial – cast metal w. resin base	\$120				
Complete – upper or lower	\$100 - \$120				
Orthodontics					
Child	24 months banding	\$2,000 lifetime max	\$2,000 lifetime max	Not Covered	Not Covered
Adult	\$1,700 copay \$1,900 copay	50% 50%	50% 50%	n/a n/a	n/a n/a
DeltaCare HMO Group#: 79722 Delta Dental PPO Group#: 22488		Website: www.deltadentalins.com		Phone: 1-888-335-8227	

Please note that Delta Dental will issue plan I.D. Cards for the DeltaCare HMO and Delta Dental PPO plans. Cards can also be accessed for printing directly from the Delta Dental website.

2024 Vision Comparison Chart		
Benefits	VSP PPO In Network	VSP PPO Out of Network
Examination		
Wellvision Exam copay	\$10 for exam and glasses	Up to \$45 reimbursement
Materials	Plan pays 100%	Plan pays 100% per schedule
Materials copay	\$0	\$0
Single vision	100%	Up to \$30 reimbursement
Bifocal vision	100%	Up to \$50 reimbursement
Trifocal vision	100%	Up to \$65 reimbursement
Frames & Contact Lenses		
- Frames	\$200 allowance	Up to \$70 reimbursement
- Featured frame brands ¹	\$220 allowance	
- Costco	\$110 allowance	
- Walmart/Sam's Club	\$200 allowance	
- Contact lenses (instead of glasses)	\$200 allowance	Up to \$210 reimbursement
- Medically necessary	100%	Up to \$105 reimbursement
Frequency		
Exams	Annually	
Lenses	Once every calendar year	
Frames	Once every calendar year	
Group#: 40156551	http://www.vsp.com	Phone: 1-800-877-7195
¹ Feature frame brands include bebe, Calvin Klein, Cole Haan, Fragon, Flexon, Longchamp, Nike and more. Featured frame brands subject to change.		

Please note that VSP does not issue plan I.D. Cards.
Cards can be accessed for printing directly from the VSP website.