2025 Dental Plans

January 1 – December 31, 2025

Benefit Features			
	Delta Dental PPO/Premier Plan		**DeltaCare DHMO**
Choice of Dentist	Any licensed dentist. Coverage available outside of the US at the Non-Network level of benefits.		Your choice of Delta Dental DHMO dentist. (within California only)
Annual Deductible	$50 per individual $150 maximum per family (excludes preventive services)		None
Annual Maximum Benefit	$2,500 per individual*		None
Eligible Charges	**In-Network providers:** Negotiated fees.	**Non-Network providers:** Benefits based on usual, reasonable, and customary charges.	All benefits based on charges authorized by the Schedule of Benefits and performed by the assigned DHMO network dentist.
Preventive Care	**In-Network**	**Non-Network**	
• Cleaning	No copay; 3x within a calendar year	You pay 20%	No copay; 1x per 6-month period
• Fluoride Treatment	No copay; 2x per calendar year for adults and children over age 16	You pay 20%	$10 copay for adults age 19 or older No copay for children to age 19; once per year
• Sealants Treatment	No copay; for children under age 16 for permanent molars every 5 years	You pay 20%	You pay $5 per tooth (to age 18 only)
• Space Maintainer	No copay	You pay 20%	You pay up to $10
• X-rays (routine bite-wings)	No copay 1x per calendar year	You pay 20%	No copay
Basic Services	**In-Network**	**Non-Network**	
• Amalgam Filling	You pay 20%	You pay 20%	You pay $0
• Simple Extractions	You pay 20%	You pay 20%	You pay $0
• General Anesthesia	You pay 20%	You pay 20%	You pay each 15 minutes – $60
• Root Canal Therapy	You pay 20%	You pay 20%	You pay between $35 – $105
• Periodontal Maintenance	You pay 20%	You pay 20%	You pay $0
• Periodontal Scaling and Root Planning/ per Quadrant	You pay 20%	You pay 20%	You pay $20 – $40 per Quadrant
• Reline Denture	You pay 20%**	You pay 20%**	You pay $0 (Chair side — you pay $25 if sent to lab)
• Osseous Surgery	You pay 20%	You pay 20%	You pay $100 – $200 per Quadrant

Benefit Features			
	Delta Dental PPO/Premier Plan		DeltaCare DHMO
Basic Services (cont.) • Resin-Composite Fillings	**In-Network** You pay 20%	**Non-Network** You pay 20%	You pay $10 – $117
Major Services • Crowns	**In-Network** You pay 30%**	**Non-Network** You pay 40%**	You pay $90 per crown (plus cost of precious/semi-precious metal)
• Complete or Partial Denture	You pay 30%**	You pay 40%**	You pay $70 per full denture; $50 – $70 per partial denture.
• Fixed Bridge	You pay 30%**	You pay 40%**	You pay $90 per unit
• Implants	You pay 30%**	You pay 40%**	Not covered
Orthodontia (24-month banding for children and adults)	Orthodontia benefit will cover 50% of approved orthodontic services up to a lifetime maximum of $2,500 for adults and children. Members may visit any licensed dentist to access this benefit.		You MUST use a provider in the DeltaCare Orthodontic Network. Confirm your orthodontist is in the Delta Care Orthodontics Network by calling DeltaCare at 844-697-0579 BEFORE you start treatment. You pay $1,695 plus all charges incurred before banding begins and after banding removal.
Cost for Coverage (Per Pay Period)* **			
• Employee Only	$23.88		$9.07
• Employee + 1 Dependents	$47.74		$16.39
• Employee + 2 or more Dependents	$68.16		$21.00

* *Diagnostic and Preventive Services will not count towards the annual benefit maximum of $2,500 per individual*

** *Replacement bridges, crowns, dentures, and implants are not covered unless they are over five years old and cannot be made serviceable. A fixed bridge is not covered if the carrier determines a partial fixture is satisfactory. Must be preauthorized.*

*** *Based on 24 pay periods in the year/twice a month deductions.*

THIS COMPARISON CHART IS NOT A CONTRACT

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, then the Evidence of Coverage (EOC) plan document shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.