

## Dental Plan Comparison

Category/Service	Delta Dental PPO (Standard)		Delta Dental PPO (Enhanced)		MetLife DHMO Managed Care
	Delta PPO providers	All other providers	Delta PPO providers	All other providers	
<b>Deductible</b>	\$50 individual Waived for Diagnostic/Preventive		\$25 individual	\$50 individual	None
			Waived for Diagnostic/Preventive		
<b>Maximums</b>	\$1,750/person/ calendar year	\$1,500/person/ calendar year	\$2,200/person/ calendar year	\$1,700/person/ calendar year	None
	Diagnostic & Preventive do not count towards your out-of-pocket maximum		Diagnostic & Preventive do not count towards your out-of-pocket maximum		
	Orthodontics: \$1,000 lifetime maximum (dependent children only)		Orthodontics: \$1,500 lifetime maximum (adults and dependents)		
<b>Diagnostic &amp; Preventive Services</b>					
<b>Oral Exams, Routine Cleanings</b>	100%, no deductible (2 per calendar year, 3 for pregnancy)		100%, no deductible (2 per calendar year, 3 for pregnancy)		No copay (2 per calendar year) \$20 copay for additional adult cleaning (max of 2), \$15 copay for children (max of 2)
<b>X-rays</b>	100%, no deductible (2 bitewings per calendar year for children under age 18, 1 per calendar year for adults age 18 and over; full-mouth once every 5 years)		100%, no deductible (2 bitewings per calendar year for children under age 18, 1 per calendar year for adults age 18 and over; full-mouth once every 5 years)		No copay (1 initial full mouth, then when diagnostically needed)
<b>Space Maintainers</b>	100%, no deductible covered for children up to age 13		100%, no deductible covered for children up to age 13		No copay (up to age 14, fixed and removable)

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<b>General Dental Services</b>					
<b>Fillings, simple tooth extractions, sealants</b>	80% covered after deductible		90% covered after deductible	60% covered after deductible	No copay (amalgam front/back; composite/resin front only) \$20-\$40 copay resin filling back surfaces  Sealants per 36 months up until age 19
	(includes amalgam, silicate, composite/resin) For sealants, coverage is for 1 <sup>st</sup> molars through age 8, 2 <sup>nd</sup> molars through age 15 (covered only on permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars without decay, or restorations on the occlusal surface); sealant replacement is only available as a benefit 2 years after original sealant application				
<b>Periodontics/Endodontics (Root Canal, Gums/Supportive Tissue)</b>	80% covered after deductible		80% covered after deductible	60% covered after deductible	No copay Periodontics after oral evaluation Endodontic co-pay does not include final restoration. See Statement of Benefits for details.

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<b>Periodontal Scaling, Root Planing</b>	80% covered after deductible  (1 per quadrant each 24-month period; if you are pregnant during this time, you may be eligible for 1 additional periodontal scaling or root planing per quadrant)		In network (Delta PPO participating providers)	Out of network (All other providers)	\$11 – one to three teeth per quadrant, \$15 – four or more teeth per quadrant
			80% covered after deductible	60% covered after deductible	
			(1 per quadrant each 24-month period; if you are pregnant during this time, you may be eligible for 1 additional periodontal scaling or root planing per quadrant)		
<b>Major Dental Services</b>					
<b>Crowns (Restorative), Fixed Bridges</b>	Crowns: 50% covered after deductible (1 per 5 years on the same tooth) Fixed Bridges: 50% covered after deductible (1 per 5 years)		60% covered after deductible	50% covered after deductible	\$50 or \$225 copay
			Crowns: (1 per five years on the same tooth). Bridges: (1 per 5 years).		
<b>Partial &amp; Complete Dentures</b>	50% covered after deductible (1 per 5 years)		60% covered after deductible	50% covered after deductible	\$100 copay each for upper or lower full or partial denture *replacement only after 5 years
			(1 per 5 years)		
<b>Implants (placement, repair, re-cement, removal)</b>	50% covered after deductible (1 per 5 years; once per tooth per lifetime for removal)		50% covered after deductible (1 per 5 years; once per tooth per lifetime for removal)		\$12-\$1860 copay. See Statement of Benefits for details.

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<b>Orthodontics</b>	50%, covered after deductible (up to \$1,000 per person per lifetime; dependent children only)		50%, covered after deductible (up to \$1500 per person per lifetime; adults and children)		\$1,450 for Comprehensive Orthodontic Treatment. Referral by your General Dentist is required.

*This summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason.*