



Mt. San Jacinto Community College

Anthem Dental PPO, Delta Dental PPO & MetLife Safeguard DHMO Plan Comparison - Classified Employees



Carrier Name:	Anthem Blue Cross PPO		Delta Dental Insurance Company PPO		MetLife Inc Managed Dental
Plan Name:	In-Network	Out-of-Network	In-Network	Out-of-Network	Schedule of Benefits
General Plan Information					
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0
Waived for Preventive	Yes	Yes	N/A	N/A	Not Applicable
Annual Plan Maximum	\$2,500 In/Out of Network Combined	\$2,500 In/Out of Network Combined	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum benefit for mouth guard	\$2,500 cal. yr. In/Out of Network Combined - separate \$500 lifetime maximum for mouth guard	Unlimited
Lifetime Orthodontia Plan Maximum	\$2,000 In/Out of Network Combined	\$2,000 In/Out of Network Combined	50% to \$500 Lifetime in/out-of-network combined	50% to \$500 Lifetime in/out-of-network combined	\$1,440
Reasonable & Customary Percentile	100-90-60% of Negotiated Fee	100-80-50% of Reasonable & Customary	100%	80% Prosthodontics Covered at 50%	
Covered Services					
Diagnostic and Preventive Services					
Diagnostic and Preventive	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	
Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	80%	No Charge
Biting X-Rays	100% of Negotiated Fee once/cal yr adult/once/6 mo. child	100% of Reasonable & Customary once/cal yr adult/once/6 mo. child	100%	80%	No Charge Full Set, Every 3 Years, 100% Single x-ray \$5 Copay Each Additional
Full Mouth X-Rays	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	
Cleaning and Scaling			100% (teeth whitening included, one treatment per 24 months)	80% (teeth whitening included, one treatment per 24 months)	
Prophylaxis Treatments	100% of Negotiated Fee 4/calendar year	100% of Reasonable & Customary 4/calendar year	100%	80%	No Charge One Allowed Every Six Months
Fluoride Treatments	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	No Charge
Space Maintainers	100% of Negotiated Fee	100% of Reasonable & Customary	100%	80%	\$20 Copay
Sealants	100% of Negotiated Fee Dependent Children Under 14	100% of Reasonable & Customary Dependent Children Under 14	100% Dependent Children Under 14	80% Dependent Children Under 14	\$5 Copay
Basic Services					
Basic	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	
Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	\$0 to \$175
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	80%	\$0 to \$85
Endodontic Treatment	90% of Negotiated Fee once per tooth/24 months	80% of Reasonable & Customary once per tooth/24 months	100%	80%	\$0 to \$160
Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	80%	\$0 to \$300
Re-linings and Re-basings of Existing Removable Dentures	90% of Negotiated Fees once/36 months	80% of Reasonable & Customary once/36 months	50%	50%	\$10-\$35 Copay
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	90% of Negotiated Fees	80% of Reasonable & Customary	100% Bridges/Dentures 50%	50%	\$0 to \$75
Major Services					
Major	60% of Negotiated Fee	50% of Reasonable & Customary	50%	50%	\$0 to \$125
Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	80%	\$85 Copay
Prosthodontic Benefits (Fixed Bridges, Partial / Complete Dentures)	60% of Negotiated Fee once in 60 months	50% of Reasonable & Customary once in 60 months	50%	50%	No Charge
Implants	60% of Negotiated Fee once/60 months,maintenance & repair/12 months	50% of Reasonable & Customary once/60 months,maintenance & repair/12 months	Not covered	Not covered	
Orthodontia Services					
Orthodontia	50% of Negotiated Fee	50% of Negotiated Fee	50% to \$500 Lifetime in-out-of-network combined	50% to \$500 Lifetime in/out-of-network combined	Lifetime Maximum
Dependent Children	Covered	Covered	Covered	Covered	\$1950 Copay to Age 19
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered	Covered	Covered	\$2250 Copay from Age 20 & Up

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