



As a **Pacific Service Employees Association (PSEA) Associate or Retiree member**, you have the option of purchasing dental coverage at group rates. Please see Benefit Summary descriptions of each plan for detailed information.

You have four dental programs to choose from:

Summary of Benefits	DeltaCare USA	PPO	Premier (Table of Allowance)	Guardian
Diagnostic & Preventative	Member pays \$0 - \$35	Member pays 0% for in-network, PPO dentists	Member pays difference between dentist charges and plan allowance	Member pays 0% for in-network and out-of-network dentists
Basic Services	Member pays \$5 - \$250	Member pays 20% for in-network, PPO dentists	Member pays difference between dentist charges and plan allowance	Member pays 20% for in-network dentists, 50% for out-of-network dentists
Major Services	Member pays \$10 - \$250	Member pays 50% for in-network PPO dentists	Member pays difference between dentist charges and plan allowance	Member pays 40% for in-network dentists, 50% for out-of-network dentists
Orthodontia	Coverage for adults and children	Not covered	Not covered	Not covered
Annual Deductible	None	\$50 per person	\$25 per person, \$75 per family	\$50 per person / \$150 per family
Annual Maximum	None	\$1,250 per person	\$1,500 per person	\$1,000 per person
Waiting Periods	None	None	None	None
Copayments/coinsurance	Covered procedures have predetermined copayments for services provided by network dentists	Covered services paid at applicable percentage	Covered services paid according to the plan table of allowances	Covered services paid at applicable percentage
Dentist Network	You select a dentist from a list of network dental facilities, and you must visit this dentist to receive benefits	Freedom to choose and licensed dentist, selecting a PPO dentist will usually result in the lowest out-of-pocket costs	Freedom to choose and licensed dentist, selecting a PPO dentist will usually result in the lowest out-of-pocket costs	Freedom to choose and licensed dentist, selecting a PPO dentist will usually result in the lowest out-of-pocket costs
Out-of-Area coverage	Limited to emergency care allowance	Visit any licensed dentist	Visit any licensed dentist	Visit any licensed dentist

Quarterly Premium

Member only	\$132	\$180	\$153	\$132
Member + 1 dependent	\$219	\$348	\$273	\$246
Member + 2 or more dependents	\$327	\$621	\$399	\$378

For detailed plan information, please visit PSEA's website: www.psea.info/benefits.html