



City of Ventura
DENTAL INSURANCE SELECTION PROGRAM
GENERAL INFORMATION

Effective January 1, 2021

The City of Ventura offers a selection from three dental insurance plans: Delta Dental Tiered PPO, Delta Dental PPO Plus, and Golden West Dental. The comparisons detailed below are examples only and are intended to assist you in comparing the benefits. For specific information, please refer to the Evidence of Coverage booklets for each of the plans at the City's intranet site, or contact the Human Resources Department at Ext. 7853.

The Information Contained Herein Does Not Constitute an Expressed or Implied Contract.
 Refer to Appropriate Insurance Contract for Specific Benefit Coverage.

COVERAGE COMPARISON

	GOLDEN WEST DENTAL PLAN	DELTA DENTAL – PPO Plus
Basic Coverage	Services are not subject to a deductible and there are no maximum benefit limitations. Member is responsible for co-payment(s)/actual dental lab fees, and cost of general anesthesia, if applicable. There is no waiting period for major benefits. (See Brochure for detailed listing of benefits and co-payments).	<p>All services are subject to: deductible per patient per calendar year:</p> <p style="margin-left: 20px;"><i>\$50 for a PPO dentist (Exception for Diagnostic/Preventative Care)</i></p> <p style="margin-left: 20px;"><i>\$100 for a Non-PPO or Non-Delta Dentist (Exception for Diagnostic/Preventative Care)</i></p> <p>PPO Delta Dentist: \$1,500 maximum benefit limitation per patient per calendar year.</p> <p>Non-PPO Delta or Non-Delta Dentist: \$1,250 maximum benefit limitation per patient per calendar year.</p> <p>Basic Coverage: 100% - PPO Dentist 75% - Non-PPO or Non-Delta Dentist</p>
Dependent Eligibility	Lawful spouse and unmarried, dependent children are eligible from birth to age 25. (Children who are physically and/or mentally incapacitated may be eligible beyond age 25).	Lawful spouse and unmarried, dependent children are eligible from birth to age 25. (Children who are physically and/or mentally incapacitated may be eligible beyond age 25).
Pre-treatment Authorizations	No pre-treatment authorization required. Specialty referral requires pre-authorization through Golden West when referred by panel dental office.	Strongly recommended whenever extensive dental work is involved, or if cost of treatment will be greater than \$300.
Claim Forms	No claim forms.	PPO Delta and Non-PPO Delta dentists will normally process claims directly to Delta. Non-Delta dentists may require employee to submit claim forms directly to Delta.

	GOLDEN WEST DENTAL PLAN	DELTA DENTAL – PPO Plus
Dentists	<p>Your choice of a Golden West Dentist. Facilities are located in: Ventura, Oxnard, Camarillo, Fillmore, Newbury Park, Port Hueneme, Santa Barbara, Simi Valley, Thousand Oaks, and other California cities.</p> <p>IT IS RECOMMENDED THAT YOU CALL THE DENTIST YOU ARE CONSIDERING, TO CONFIRM HE/SHE IS ACCEPTING NEW PATIENTS.</p> <p>Orthodontic facilities are located in: Camarillo, Oxnard, Simi Valley, and Thousand Oaks.</p> <p>See Brochure for a complete listing of general and orthodontic offices, or contact the Personnel Office.</p>	<p>Your choice of PPO Delta, Non-PPO Delta, or Non-Delta Dentist.</p> <p>CONTACT YOUR DENTIST TO VERIFY THEIR PPO DELTA OR NON-PPO DELTA STATUS, CHECK THE DELTA WEBSITE (www.deltadentalins.com), OR CALL (800) 4-AREA-DR.</p>
Diagnostic/ Preventive (Cleaning & X-Rays)	<p>Full coverage, no co-payment** (Limit – 2 per calendar year for cleanings; 1 every three years for full mouth x-rays)</p>	<p>Routine oral exams and cleanings shall not be provided more than twice in any 12-month period in a calendar year. During pregnancy, three (3) routine exams and cleanings are provided per calendar year. Full mouth x-rays are provided after three years have elapsed on prior x-rays. Panoramic film is limited to every three years.</p> <p>PPO Dentist – 100% of approved fee (no deductible applied for these services)</p> <p>Non-PPO Dentist: 75% of approved fee</p> <p>Non-Delta Dentist: 75% of approved fee. Charges in excess of Delta's approved fees must be paid by employee.</p>
Restorative (Amalgam/Composite Fillings)	<p>Amalgam fillings – full coverage, no co-payment** Other services co-payment range \$8-\$60</p>	<p>PPO – subject to deductible and 100% of approved fee.</p> <p>Non-PPO – subject to deductible, then 75% approved fee.</p> <p>Non-Delta Dentist: subject to deductible, then 75% of applicable fee. Charges in excess of Delta's approved fees must be paid by employee.</p>
Crowns, Jackets, and Cast Restorations	<p>Fixed crowns and pontics co-payment per unit range from \$10-220. (Lab fee, if required, is additional charge).</p>	<p>PPO Delta and Non-PPO Delta Dentist: subject to deductible, then 50% of approved fees.</p> <p>Non-Delta Dentists: subject to deductible, then 50% of approved fees. Charges in excess of Delta's approved fees must be paid by employee.</p>
Endodontics (Root Canal Therapy)	<p>Pulp capping – full coverage, no co-payment** Other services co-payment range - \$16 - \$150</p>	<p>General Anesthesia and IV Sedation are covered for select endodontic procedures. Contact Delta Dental for more information.</p> <p>PPO Dentist: subject to deductible, and 100% of approved fee.</p> <p>Non-PPO Delta Dentist: subject to deductible, then 75% of approved fee.</p> <p>Non-Delta Dentist: subject to deductible, then 75% of approved fee. Charges in excess of Delta's approved fees must be paid by employee.</p>

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Periodontics (Gum & Bone Disease)	Gingivectomy per tooth - full coverage, no co-payment** Other services co-payment range - \$20-\$100	General Anesthesia and IV Sedation are covered for select periodontic procedures. Contact Delta Dental for more information. PPO Dentist: subject to deductible, and 100% of approved fee. Non-PPO Delta Dentist: subject to deductible, then 75% of approved fee. Non-Delta Dentist: subject to deductible, then 75% of approved fee. Charges in excess of Delta's approved fees must be paid by employee.
Prosthodontics (Dentures)	Simple denture repairs, office relines, and denture adjustments (first two visits) – full coverage, no co-payment.** Other services co-payment range \$5 - \$175 plus lab fee.	Eligible for benefits following patient's continuous enrollment in Delta Dental program for a period of one year. PPO Delta & Non-PPO Dentist: subject to deductible, then 50% of approved fees. (see Evidence of Coverage booklet for specific limitations). Non-Delta Dentist: subject to deductible, and 50% of approved fees. Charges in excess of Delta's approved fees must be paid by employee.
Oral Surgery (Extractions & Surgical Procedures)	Simple extractions – full coverage, no co-payment** Other services co-payment range \$15-\$50 NOTE: General anesthesia is not a covered benefit.	IV Sedation (in addition to General Anesthesia) is covered for oral surgery procedures. PPO – subject to deductible and 100% of approved fee. Non-PPO – subject to deductible, then 75% of approved fee. Non-Delta Dentist – subject to deductible, then 75% of approved fee. Charges in excess of Delta's approved fees must be paid by employee.
Orthodontics (Tooth Alignment)	Coverage provided for children and adults at selected offices. Single Arch Case – Co-payment \$1,025 Full Case – Co-payment \$1,795. Start-up fees are additional. Orthodontic consultation in excess of 24 months is subject to additional charges.	Coverage provided for children and adults. Delta Dental pays 50% of approved charges up to a maximum lifetime payment of \$1,500. For Non-Delta dentists, charges in excess of Delta's approved fees must be paid by employee. Orthodontic Benefits are not subject to deductibles, and will be provided in two payments after the person becomes covered (the initial payment at the banding date and the second in 12 months); however, for treatment plans of less than \$500.00 or when the treatment plan is 12 months of less, one payment will be made. X-rays and extraction procedures incident to orthodontics may be covered under diagnostic and preventive or basic benefits. Consult Evidence of Coverage booklet for further information.
Emergency Services/ Accident	Emergency treatment to relieve pain, regular office hours – full coverage, no co-payment.** After hours: \$25 at your participating provider. Out-of-Area or not assigned provider – \$50 is reimbursable to relieve pain.	Emergency services: subject to applicable deductible and respective coverage percentages. Accident Rider – covered at 100% to a maximum of \$1,000 per calendar year. Not subject to deductible.

	GOLDEN WEST DENTAL PLAN	DELTA DENTAL – PPO Plus
**Exclusions/ Limitations	There are some limitations and exclusions for certain procedures and services. Certain other procedures may require a co-payment. Please consult evidence of coverage for details.	There are some exclusions and/or limitations for certain procedures and services. Consult Evidence of Coverage booklet for specific details.
Effective Dates	<p>New Employees and Existing Dependents – First of month following 30 days from hire.</p> <p>Newly Acquired Dependents – must be added within 30 days of acquisition, then 1st of following month.</p> <p style="text-align: center;">Visit the Golden West Website at: www.goldenwestdental.com</p>	<p>New Employees and Existing Dependents – First of month following 1 month from hire date.</p> <p>Newly Acquired Dependents – must be added within 30 days of acquisition, then 1st of the following month.</p> <p style="text-align: center;">Visit the Delta Dental Website at: www.deltadentalins.com</p>
<p>The Information Contained Herein Does Not Constitute an Expressed or Implied Contract. Refer to Appropriate Insurance Contract For Specific Benefit Coverage.</p>		