

Yuba Community College District

Delta Dental Premier PPO

School Incentive Plan

D2B + Ortho

Management

Annual Maximum per person:

- PPO provider \$2,500
- Premier provider \$2,000
- Deductible NONE

Basic Services, Diagnostic & Preventive, Crowns & Restorations:

- TCSIG/Delta Dental Pays: 70% First year seen by provider
80% Second year seen by provider
90% Third year seen by provider
100% Fourth year and beyond

Prosthodontics/Bridges/Partials:

- TCSIG/Delta Dental Pays: 50% (percentage does not increase)

Orthodontic Lifetime Maximum:

- TCSIG/Delta Dental Pays: 50% to **\$1,000 for Children Only**

Dental Services in case of Accident:

- TCSIG/Delta Dental Pays: Additional \$1,000 Annual Maximum

Diagnostic and Preventive Waiver:

- Get your exam, cleaning, and x-ray without affecting your annual maximum
(estimated increase above annual maximum is an average of \$350)

Cleanings:

- 2 per year; 2 additional if medically necessary

Fluoride Treatments:

- Twice each calendar year

ID Cards not required – Give Dentist member's SSN

Create an account or search for Dentists at deltadentalins.com



Yuba Community College District

Classified Class

Delta Dental Premier PPO

School Incentive Plan

D3B

Classified

Annual Maximum per person:

- PPO provider \$2,500
- Premier provider \$2,000
- Deductible NONE

Basic Services, Diagnostic & Preventive, Crowns & Restorations:

- TCSIG/Delta Dental Pays: 70% First year seen by provider
80% Second year seen by provider
90% Third year seen by provider
100% Fourth year and beyond

Prosthodontics/Bridges/Partials:

- TCSIG/Delta Dental Pays: 50% (percentage does not increase)

Orthodontic Lifetime Maximum:

- TCSIG/Delta Dental Pays: 50% to \$500 for Adult & Children

Dental Services in case of Accident:

- TCSIG/Delta Dental Pays: Additional \$1,000 Annual Maximum

Diagnostic and Preventive Waiver:

- Get your exam, cleaning, and x-ray without affecting your annual maximum
(estimated increase above annual maximum is an average of \$350)

Cleanings:

- 2 per year; 2 additional if medically necessary

Fluoride Treatments:

- Twice each calendar year

ID Cards not required – Give Dentist member's SSN

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This outline does not constitute the group policy and is not a contract of insurance. It explains in simple language the essential features of the group benefits provided. For a complete copy of the Delta Dental Plan Book please go to our website at: tcsig.com/dental

Yuba Community College District

Certificated Class

Delta Dental Premier PPO

School Incentive Plan

D4B

Certificated/Academic

Annual Maximum per person:

- PPO provider \$2,500
- Premier provider \$2,000
- Deductible NONE

Basic Services, Diagnostic & Preventive, Crowns & Restorations:

- TCSIG/Delta Dental Pays: 70% First year seen by provider
80% Second year seen by provider
90% Third year seen by provider
100% Fourth year and beyond

Prosthodontics/Bridges/Partials:

- TCSIG/Delta Dental Pays: 70% (percentage does not increase)

Orthodontic Lifetime Maximum:

- TCSIG/Delta Dental Pays: 50% to \$500 for Children Only

Dental Services in case of Accident:

- TCSIG/Delta Dental Pays: Additional \$1,000 Annual Maximum

Diagnostic and Preventive Waiver:

- Get your exam, cleaning, and x-ray without affecting your annual maximum
(estimated increase above annual maximum is an average of \$350)

Cleanings:

- 2 per year; 2 additional if medically necessary

Fluoride Treatments:

- Twice each calendar year

ID Cards not required – Give Dentist member's SSN

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