

**Fire Districts Association of CA - EBA
Delta Dental - PPO Plans**

	FDAC - EBA		FDAC - EBA		FDAC - EBA		FDAC - EBA		FDAC - EBA		FDAC - EBA	
Carrier Name:	Delta Dental		Delta Dental		Delta Dental		Delta Dental		Delta Dental		Delta Dental	
Plan Name:	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6	
General Plan Information												
Annual Deductible - Individual	\$50		\$50		\$50		\$50		\$50		\$50	
Annual Deductible - Family	\$150		\$150		\$150		\$150		\$150		\$150	
Annual Plan Maximum (Per Person)	\$1,000		\$1,500		\$2,000		\$1,000		\$1,500		\$2,000	
Waiting Period	None		None		None		None		None		None	
Covered Services	In-Network PPO Provider	Out-of-Network Provider	In-Network PPO Provider	Out-of-Network Provider	In-Network PPO Provider	Out-of-Network Provider	In-Network PPO Provider	Out-of-Network Provider	In-Network PPO Provider	Out-of-Network Provider	In-Network PPO Provider	Out-of-Network Provider
Diagnostic and Preventive												
Diagnostic and Preventive	100%	100%	100%	100%	100%	100%	100%	80%	100%	80%	100%	80%
Basic Services												
Basic	90%	80%	90%	80%	90%	80%	80%	80%	80%	80%	80%	80%
Fillings & Sealants	90%	80%	90%	80%	90%	80%	80%	80%	80%	80%	80%	80%
Endodontic Treatment	90%	80%	90%	80%	90%	80%	80%	80%	80%	80%	80%	80%
Periodontic Treatment	90%	80%	90%	80%	90%	80%	80%	80%	80%	80%	80%	80%
Major Services												
Crowns/Inlays/Onlays/Cast Restorations	60%	50%	60%	50%	60%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics	60%	50%	60%	50%	60%	50%	50%	50%	50%	50%	50%	50%
Implants	60%	50%	60%	50%	60%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Services	50% to \$X Lifetime Max		50% to \$X Lifetime Max		50% to \$X Lifetime Max		50% to \$X Lifetime Max		50% to \$X Lifetime Max		50% to \$X Lifetime Max	
Orthodontia (Child) - to age 26	Yes or No		Yes or No		Yes or No		Yes or No		Yes or No		Yes or No	
Orthodontia (Adult)	Yes or No		Yes or No		Yes or No		Yes or No		Yes or No		Yes or No	

Revised 1/1/2023

