

**KERN HIGH SCHOOL DISTRICT  
DENTAL PLANS  
No Dental Cards**

All members are to use the Employee's Social Security Number to receive services

**The primary dentist must be a DPO provider otherwise benefits will be reduced.  
There can also be substantial out of pocket expenses.  
The DPO provider list is more limited than the Premier list.**

	Current/Premier	Delta Preferred Option (DPO)	
	Incentive Plan	In-Network	Out-of-Network Penalty
Annual Deductible	None	None	\$25 Per Member \$75 per Family
Services	70%/80%	100%	50%
Diagnostic & Preventative	90%/100%	100%	50%
Crowns	4 year phase-in	100%	50%
Other Basic Services			
Prosthodontic	50%	50%	50%
Annual Maximums	\$1,000	\$1,500	\$1,000
Orthodontic (Adults & Children)			
Plan Pays	No Coverage	75%	75%
Lifetime Maximum	No Coverage	<b>Not to exceed lifetime maximum of \$1500</b>	<b>Not to exceed lifetime maximum of \$1500</b>
		\$1500	\$1500

**OUT OF NETWORK:**

- **BE SURE WHEN SELECTING THE DPO PLAN THAT YOUR PRIMARY DENTIST IS A DPO DENTIST.**
- **CHECK THE WEBSITE OR CALL THE NUMBER BELOW TO CONFIRM THE DENTAL PLAN.**
- **THE LIST OF PROVIDERS AT YOUR SITE IS ALL INCLUSIVE. DPO DENTISTS MUST HAVE AN ASTERISK IN FRONT OF THEIR NAME.**

**OPEN ENROLLMENT IS THE MONTH OF SEPTEMBER**

**REQUESTS ARE NOT ACCEPTED UNTIL SEPTMEBR 1<sup>ST</sup>, EFFECTIVE DATE OF CHANGE IS OCTOBER 1<sup>ST</sup>**

**IT TAKES APPROXIMATELY (2) WEEKS FOR THE CHANGE TO BE PLACED IN THE SISC SYSTEM**

**TOLL FREE: 1(866)499-3001**

**WEBSITE: www.deltadentalins.com**