

Dental Benefits from Delta Dental

	Base PPO			Buy-Up PPO			DeltaCare DHMO
	In-Network	Premier-Network	Out-of-Network	In-Network	Premier-Network	Out-of-Network	Patient Pays Assigned Network Provider
Plan Year Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	Unlimited
Ortho Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	No Maximum; member pays pre-set copay
Providers	In- and Out-of-network providers			In- and Out-of-network providers			Network providers/ Assignment Providers
Employee Pays							
Deductible - Individual	\$75	\$100	\$100	\$50	\$50	\$50	Not applicable
Deductible - Family	Not applicable; individual deductible applies to all covered members			\$150	\$150	\$150	Not applicable
Preventive Services	0%	50%	50%	0%	20%	20%	You pay a pre-set copay
Basic Services	20% after ded	70% after ded	70% after ded	20% after ded	50% after ded	50% after ded	You pay a pre-set copay
Major Services	70% after ded	80% after ded	80% after ded	50% after ded	70% after ded	70% after ded	You pay a pre-set copay
Orthodontia	Child Only			Adult and/or Child			Adult and/or Child
Benefit Percentage	50%	50%	50%	50%	50%	50%	You pay a pre-set copay

Please refer to your summary plan description for full plan benefits. Services are based on maximum contract allowance. These plans are not available for employees in Hawaii, Puerto Rico or the American territories.

Employee Monthly Dental Contributions

	Base PPO	Buy-Up PPO	DeltaCare DHMO
Employee	\$23.80	\$41.69	\$11.83
Employee + 1	\$55.32	\$83.04	\$23.73
Employee + Family	\$91.59	\$139.65	\$36.85

DHMO benefit enhancements include:

- 178 more covered DHMO procedures; all-inclusive copays
- Posterior composite fillings covered
- No missing tooth exclusion
- Implants covered
- Tooth whitening covered