

PROGRAM COMPARISON

Plan Features	Delta Dental PPO™-EPO Plan Design	Delta Dental High Plan		Delta Dental Low Plan	
Annual Deductible <ul style="list-style-type: none"> Diagnostic & Preventive Services Basic and Major Services 	<p>No deductible</p> <p>No deductible</p>	<p>No deductible</p> <p>\$50 per patient per calendar year; \$150 per family unit</p>		<p>No deductible</p> <p>\$ 50 per patient per calendar year; \$150 per family unit</p>	
Annual Benefit Maximum	\$2,000 per patient per calendar year	\$1,500 per patient per calendar year		\$1,000 per patient per calendar year	
Benefits	In-Network Delta Dental PPO	Plan Pays	You Pay	Plan Pays	You Pay
<ul style="list-style-type: none"> Diagnostic & Preventive Services (Exams, cleanings, x-rays) 	Fixed Copayment	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance
<ul style="list-style-type: none"> Basic Services (Fillings, oral surgery, endodontics, periodontics) 	Fixed Copayment	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)
<ul style="list-style-type: none"> Major Services (Crowns, bridges, dentures. Implants are covered under the Delta Dental High Plan only.) <p><i>Major Services Waiting Period</i></p>	Fixed Copayment	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)	Not Covered	
<ul style="list-style-type: none"> Orthodontic Services <p><i>Orthodontic Services Waiting Period</i></p>	50% Plan Allowance	50% Plan Allowance		Not Covered	
	<i>No Waiting Period</i>	<i>6 months from your effective date**</i>		<i>6 months from your effective date**</i>	
Lifetime Orthodontic Maximum	\$2,000 lifetime maximum per patient	\$1,000 lifetime maximum per patient		N/A	
Dentist Network	A Delta Dental PPO dentist must be utilized for care. In almost all cases, services rendered by a dentist that is not in the Delta Dental PPO network are not covered.	Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.		Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental PPO participating dentist.	
Semi-Monthly Rates					
<ul style="list-style-type: none"> Employee Only Employee/Child Employee/Spouse or 2 Children Employee/Family 	<p>\$14.32</p> <p>\$24.87</p> <p>\$26.36</p> <p>\$35.89</p>	<p>\$18.15</p> <p>\$31.20</p> <p>\$36.68</p> <p>\$60.49</p>		<p>\$12.34</p> <p>\$21.22</p> <p>\$24.95</p> <p>\$44.67</p>	
Benefit/Membership Services	1-800-237-6060	1-800-237-6060		1-800-237-6060	

****High Plan Major Services Waiting Period: New Hires** – Waiting period is waived for Major services and credit may be given towards Orthodontic waiting period with proof of prior coverage. Existing Employees - Credit may be given towards Major services and Orthodontic waiting periods with proof of continuous coverage.