

## Dental Plan Comparison Chart - Reflects What you Pay

COVERED BENEFIT	DHMO* (DeltaCare)	PPO LOW	PPO HIGH
	In-Network	In-Network	In-Network
<b>Annual Deductible</b>	None	\$50 per individual/\$150 per family (applies to basic and major services only)	\$50 per individual/\$150 per family (applies to basic and major services only)
<b>Calendar Year Maximum</b>	None	Plan pays up to \$1,750 per person	Plan pays up to \$3,000 per person
<b>Dental Office Visits</b>	\$5 office visit copay	None	None
<b>Class I – Preventive Care: Annual exam, cleanings, X-rays</b>	Plan pays 100% after copay; copay varies by procedure	Plan pays 100% in-network	Plan pays 100% in-network
<b>Class II – Basic Care: Minor related services – fillings and simple tooth extractions</b>	Plan pays 100% after copay; copay varies by procedure	Plan pays 80%	Plan pays 80%
<b>Class III – Major Care: Endodontics, periodontics, oral surgery, major restorations, dentures and implants</b>	Plan pays 100% after copay; copay varies by procedure	Plan pays 50%	Plan pays 50%
<b>Class IV – Orthodontia up to 24-month treatment plan</b>	\$1,900 copay for children \$2,100 copay for adults (typical 24-month treatment plan; schedule applies)	Plan pays 50% for members 19 years old and under	Plan pays 50% for all members
<b>Orthodontia Lifetime Maximum</b>	N/A	Plan pays up to \$1,000 per person	Plan pays up to \$2,000 per person

RATES PER PAYCHECK	DHMO	DPPO LOW	DPPO HIGH
Team Member Only	\$3.14	\$9.14	\$18.21
Team Member + Spouse	\$5.96	\$18.80	\$36.49
Team Member + Child(ren)	\$6.27	\$22.43	\$41.23
Family	\$8.94	\$32.06	\$61.49