

EFFECTIVE DATE: 1/01/2019 - TWO YEAR RATE GUARANTEE THRU 2020

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26, domestic</i>	Delta Dental-Option #1		Delta Dental-Option #2		DeltaCare-Option #3	
	In-Net	Out-Net	In-Net	Out-Net	In-Network Only	
Dental Network	PPO	PPO	PPO/Premier	80th	48N	
Dental Networks - Payment Basis						
Plan Year Maximum	\$1,000 <i>per covered member</i>		\$1,500 <i>per covered member</i>		No Plan Year Maximum	
Deductible (Per Member/Per Family) <i>Per Calendar Year</i>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	Office Visit \$5 copay	
Diagnostic & Preventive Svc (D&P)	100%	100%	100%	100%	D&P \$0 - \$45 copay	
> D&P Services Waiting Period	None	None	None	None	None	
Deductible Waived for D&P	Yes	Yes	Yes	Yes	No Plan Year Deductible	
Annual Max Waived for D&P	No	No	No	No	No Plan Year Maximum	
Basic Service	80%	60%	80%	80%	\$0 - \$115 copay	
> Basic Services Waiting Period	None	None	None	None	None	
Major Services	50%	40%	50%	50%	\$0 - \$485 copay	
> Major Services Waiting Period	None Re-enrollment is not applicable. Employees can enroll during OE period.		None Re-enrollment is not applicable. Employees can enroll during OE period.		None Re-enrollment is not applicable. Employees can enroll during OE period.	
Orthodontics - 3 Treatment Levels	Not Covered		Child Only		Adult and Child	
Lifetime Ortho Max	N/A		\$1,000		Copayment	
Annual Ortho Max (2 yr benefit)	N/A		N/A		\$2,100 Child \$2,250 Adult	
Exams/cleanings/bite-wing x-rays	100	100	100	100	DeltaCare Schedule 48N	
Oral Surgery	80	60	80	80		
Non-Surgical Periodontics	80	60	80	80		
Surgical Periodontics	80	60	80	80		
Space Maintainers	100	100	100	100		
General Anesthesia	80	60	80	80		
Endodontics (Root Canal)	80	60	80	80		
Perio Maintenance (4910)	80	60	80	80		
Crowns, Bridges, Inlays, Onlays	50	40	50	50		
Implants	Covered		Covered			Not Covered
	Employee Paid		Employee Paid			Employee Paid
Monthly Rates Employee Only		\$ 21.72		\$ 25.97		\$11.71
Employee & Spouse		\$ 45.62		\$ 54.56		\$20.50
Employee & Children		\$ 46.06		\$ 55.09	\$24.61	
Employee & Family		\$ 76.37		\$ 91.34	\$34.56	
Option #2	Delta Dental PPO dentist are paid on the PPO fee schedule Delta Dental Premier dentist are paid on the Max. Plan Allowance Non Delta Dentist (out of network) are paid up to the 80th percentile					
Note: Option# 2 - the out-of-network benefits are increased for those seeking services from a Premier provider and Diagnostic and Preventive Services are covered at 100%						