

DENTAL PLANS



Choose from the following dental plans:

- Delta Dental PPO
- DeltaCare USA (DHMO)

Employees can select coverage in a PPO or a DHMO dental program. Choices include standard or enriched dental PPO plans offered by Delta Dental, and standard or enriched DHMO dental plans offered by Delta Dental. Employees with dental PPO coverage may also choose a dentist not participating in their program and will receive applicable benefits.

DHMO dental plans provide preventive, diagnostic, and many other services free of charge to members. Other services, including major procedures, such as crowns, have fixed copayments established by the plan. Claim forms are not required. Members must choose one of the plan's participating dentists to receive benefits. There is no annual dollar maximum under the prepaid dental programs.

Delta Dental PPO

With Delta Dental PPO, you can select between two plan options, the Standard or Enriched. When you're covered under either of the Delta Dental PPO plans, you and your family members:

- Can visit any licensed dentist, including the dental specialist of your choice. We highly encourage you to find a provider in the Delta Dental PPO network to save the most in out-of-pocket costs.
- Can visit different dentists.
- May change dentists any time without notifying Delta Dental.
- Can receive dental care anywhere in the world (out-of-network benefits apply outside the U.S.).
- Will never have to pay more than the patient's share at the time of treatment or file claims forms when you visit a Delta Dental PPO network dentist.

Under either of the Delta Dental PPO Plans (Standard or Enriched), you have access to the Delta PPO network.

The Delta Dental network provides access to the largest network of its kind nationwide. Delta Dental PPO network dentists agree to accept the Delta Dental PPO contracted fees as full payment when treating PPO patients. This means your out-of-pocket costs are usually lower than when you visit a non-Delta Dental dentist.

Depending on the type of services being performed, benefits are payable at various coinsurance levels. A dental deductible is applied for services other than preventive and diagnostic. The Standard plan has an annual dollar maximum of \$1,000. The Enriched plan includes an orthodontia benefit not provided under the Standard plan. The annual dollar maximum is \$2,000 under the Enriched plan, and \$1,300 lifetime max for orthodontia.

If you visit a non-contracted provider your out-of-pocket costs may be higher. Network dentists are paid at contracted fees.

Visit a dentist in the PPO¹ network to maximize your savings². These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill³. Find a PPO dentist at deltadentalins.com

If you can't find a PPO dentist, consider a Delta Dental Premiere[®] dentist. These dentists have agreed to set fees and offer another opportunity to save.

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

DENTAL PLANS

DeltaCare USA (DHMO)

When you enroll in the DeltaCare USA DHMO, you and your covered family members can access the dental care you need through DeltaCare USA's network of quality dentists.

Each covered family member can choose their own general dentist from the network. Split family option allows up to three assigned providers. You will need a referral from your general dentist to see any specialist, such as an endodontist, oral surgeon, pediatric dentist, or orthodontist.

- No deductible. No dollar maximums. No claim forms to file. No waiting periods for coverage.
- Reduced rates on all covered services.
- Coverage for most preventive services at no charge.

- The first two cleanings are in any 12 month period at no charge. The member is able to have one additional cleaning at a charge.
- Discounts on complex procedures.
- Specialty care provided at the same fee as general care with an approved referral.
- Orthodontic benefits for adults and children.
- Teeth whitening covered.

See copay schedule for details.

Dental Biweekly Rates

Delta PPO	PER PAY PERIOD	
	STANDARD	ENRICHED
Employee Only	\$0.00	\$4.90
Employee + One [†]	\$17.05	\$27.70
Employee + 2 or More [†]	\$38.15	\$55.32
DeltaCare (DHMO)	STANDARD	ENRICHED
Employee Only	\$0.00	\$2.54
Employee + One [†]	\$2.93	\$7.89
Employee + 2 or More [†]	\$6.82	\$16.09

[†] Option also applies to Domestic Partners and/or Children of Domestic Partners and eligible dependents.

* DeltaCare USA DHMO plans are not available outside of Florida.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

DENTAL PLANS

Delta PPO Dental Plan

	STANDARD	ENRICHED
CHOICE OF DENTIST	You'll likely save most with a dentist who participates in the Delta PPO network.. Services provided by out-of-network providers will be reimbursed at the maximum plan allowance of usual and customary charges. Percentages below are based on Delta's applicable allowances and not necessarily the dentist's actual charge.	
MAXIMUM BENEFIT/DEDUCTIBLE¹	\$1,000 per year per person, \$50 deductible per year per person; \$150 family maximum	\$2,000 per year per person, \$50 deductible per year per person; \$150 family maximum
TYPE I	STANDARD	ENRICHED
0150 Comprehensive Oral Evaluation - New or Established 0120 Periodic Oral Exam	Plan Pays (No deductible) - 100%	Plan Pays (No deductible) - 100%
X-RAYS	100%	100%
1110/20 Prophylaxis	100% (Twice per calendar year)	100% (Twice per calendar year)
1208 Fluoride Treatment (up to and not including age 19)	100%, 2x per year	100%, 2x per year
1351 Sealant- Per Tooth	100% - up to and not including ages 9 or 16 depending on the tooth number.	100% to age 16
1510 Space Maintainers	100% - up to and not including age 14	100% to age 19
TYPE II	STANDARD	ENRICHED
Fillings: (Silver And White)	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2330 One Surface	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2331 Two Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2332 Three Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
2334 Four Or More Surfaces	100% (In PPO Network) / 75% (Out of PPO Network)	100% (In PPO Network) / 75% (Out of PPO Network)
Restorative Services:		
2930 Prefabricated Stainless Steel Primary Tooth	75% - child up to and not including age 16	75% for children to age 16
Root Canals:		
3310 Anterior	75%	75%
3320 Bicuspid	75%	75%
3330 Molar	75%	75%
3410 Apicoectomy	75%	75%
Extractions:		
7111 Coronal remnants - primary tooth	75%	75%
7140 Extraction, Erupted Tooth Or Exposed Tooth	75%	75%
7210 Surgical Extraction Of Erupted Tooth	75%	75%
Periodontics: (Gum Treatment)		
4341 Periodontal Scaling & Root Planing- Per Quadrant	75%	75%
4210 Gingivectomy/Gingivoplasty - Per Quadrant	75%	75%
4910 Periodontal Maintenance Procedures	75%	75%
TYPE III	STANDARD	ENRICHED
Crown & Bridge:		
2791 Crown Full Cast Predominately Base Metal	50% - limited to 12 years and older	50%
2751 Crown Porcelain Fused To Base Metal	50% - limited to 12 years and older	50%
Pontics:		
6210 Full Cast	50% - are limited to 16 years and older	50%
6240 Porcelain Fused To Metal	50% - are limited to 16 years and older	50%
Prostodontics (Dentures):		
5110 Complete Upper	50%	50%
5120 Complete Lower	50%	50%
5213/14 Partial Upper Or Lower - Cast Metal Base	50%	50%
Implants	50%	50%
Temporomandibular joint (TMJ)	50%	50%
ORTHODONTIA		
Consultation	Not Covered	Adult & Child covered at 50% after a one time deductible of \$50 per person. \$1,300 lifetime maximum benefit
Evaluation	Not Covered	
Records	Not Covered	
Children	Not Covered	
Adult	Not Covered	

*All Type II and III charges subject to annual deductible.

¹ The deductible does not apply to any diagnostic or preventive services, and that amounts Delta Dental pays for those services do not count towards the annual maximum.

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DeltaCare (DHMO) Dental Plan

	STANDARD	ENRICHED
CHOICE OF DENTIST	Limited to providers participating in the DeltaCare USA network.	
MAXIMUM BENEFIT/DEDUCTIBLE	No Maximum, No Deductible	
TYPE I	STANDARD - YOU PAY	ENRICHED - YOU PAY
1110/20 Prophylaxis	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
0150 Comprehensive Oral Evaluation - New Or Established	No Charge	No Charge
1206 Fluoride Treatment (Children Up To The Age 19)	No Charge	No Charge
1351 Sealant - Per Tooth	\$5.00	No Charge
1510 Space Maintainers	\$30.00	No Charge
TYPE II	STANDARD	ENRICHED
Fillings: (White)		
2330 One Surface	\$15.00	No Charge
2331 Two Surfaces	\$20.00	No Charge
2332 Three Surfaces	\$23.00	No Charge
2335 – Four or More Surfaces	\$25.00	No Charge
Root Canals		
3310 Anterior	\$75.00	\$70.00
3320 Bicuspid	\$85.00	\$80.00
3330 Molar	\$150.00	\$140.00
3410 Apicoectomy - anterior	\$100.00	\$90.00
Extractions:		
7111 Coronal remnants - primary tooth	\$10.00	\$10.00
7140 Extraction, Erupted Tooth Or Exposed Tooth	\$10.00	\$10.00
7210 Surgical Extraction Of Erupted Tooth	\$30.00	\$35.00
Periodontics: (Gum Treatment)		
4210 Gingivectomy/Gingivoplasty - Per Quadrant	\$75.00	\$60.00
4341 Periodontal Scaling & Root Planing- Per Quadrant	\$30.00	\$25.00
4910 Periodontal Maintenance Procedures Two Additional Every 12 Months	\$15.00 each (Twice every 12 months) \$60.00 each	\$15 each (Twice every 12 months) \$60.00 each
TYPE III	STANDARD	ENRICHED
Crown & Bridge:		
2751 Crown Porcelain Fused To Base Metal	\$180.00	\$95.00
2791 Crown Full Cast Predominately Base Metal	\$180.00	\$95.00
2930 Prefabricated Stainless Steel	\$15.00	\$10.00
Prostodontics (Dentures):		
5110 Complete Upper	\$190.00	\$110.00
5120 Complete Lower	\$190.00	\$110.00
5213/14 Partial Upper Or Lower - Cast Metal Base	\$220.00	\$130.00
ORTHODONTIA		
Consultation	You pay orthodontia as follows:	You pay orthodontia as follows:
Evaluation	Comprehensive for dependent children	Comprehensive for dependent children
Records	under age 19: \$1,500. Adults: \$2,800	under age 19: \$1,500. Adults: \$2,800
8080 Children - Normal Class II	\$200 copayment for pre and post orthodontic records.	\$200 copayment for pre and post orthodontic records.
8090 Adult - Normal Class II		
8680 Orthodontic Retention	\$300 copayment	\$300 copayment