

PROGRAM COMPARISON

EFF. 10/1/11

Plan Features		DeltaCare		Delta Dental PPO		Delta Dental Premier	
Annual Deductible		No deductible	No deductible	No deductible	No deductible	No deductible	No deductible
• Diagnostic & Preventive Services		No deductible	No deductible	\$ 50 per patient per contract year; \$150 per family unit	\$ 50 per patient per contract year; \$150 per family unit	\$ 50 per patient per contract year; \$150 per family unit	\$ 50 per patient per contract year; \$150 per family unit
• Basic and Major Services		No deductible	No deductible	\$1000 per patient per contract year	\$1000 per patient per contract year	\$1000 per patient per contract year	\$1000 per patient per contract year
Annual Benefit Maximum		No maximum	No maximum	\$1000 per patient per contract year	\$1000 per patient per contract year	\$1000 per patient per contract year	\$1000 per patient per contract year
Benefits		Plan Covers* Approximately	You Pay* Approximately	Plan Pays	You Pay	Plan Pays	You Pay
• Diagnostic & Preventive Services (exams, cleanings, x-rays)		100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance
• Basic Services (fillings, oral surgery, endodontics, periodontics)		65-85% Plan Allowance	15-35% Plan Allowance	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)
• Major Services (crowns, bridges, dentures)		65-75% Plan Allowance	25-35% Plan Allowance	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)	50% Plan Allowance (after deductible)
• Major Services <i>Waiting Period</i>		No <i>Waiting Period</i>	No <i>Waiting Period</i>	6 months from your effective date**	6 months from your effective date**	6 months from your effective date**	6 months from your effective date**
• Orthodontic Services		*50% Plan Allowance	50% Plan Allowance	50% Plan Allowance	50% Plan Allowance	50% Plan Allowance	50% Plan Allowance
• Orthodontic Services <i>Waiting Period</i>		No <i>Waiting Period</i>	No <i>Waiting Period</i>	6 months from your effective date**	6 months from your effective date**	No <i>Waiting Period</i>	No <i>Waiting Period</i>
Lifetime Orthodontic Maximum		No maximum	No maximum	\$1000 lifetime maximum per patient	\$1000 lifetime maximum per patient	\$1000 lifetime maximum per patient	\$1000 lifetime maximum per patient
Dentist Network		Your DeltaCare dentist must be utilized for care. Specialty care is available through Delta Dental's referral process if needed.	Your DeltaCare dentist must be utilized for care. Specialty care is available through Delta Dental's referral process if needed.	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.	Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental Premier participating dentist.	Choose any dentist or specialist, but your out of pocket cost is lowest with a Delta Dental Premier participating dentist.
Semi-Monthly Rates		\$11.51	\$11.51	\$12.75	\$12.75	\$16.97	\$16.97
• Employee Only		\$19.97	\$19.97	\$21.93	\$21.93	\$29.21	\$29.21
• Employee/Child		\$21.17	\$21.17	\$25.79	\$25.79	\$34.34	\$34.34
• Employee/Spouse or 2 Children		\$28.82	\$28.82	\$46.22	\$46.22	\$56.63	\$56.63
• Employee/Family							
Benefit/Membership Services		1-800-862-0838	1-800-862-0838	1-800-237-6060	1-800-237-6060	1-800-237-6060	1-800-237-6060

*DeltaCare services are covered subject to co-payments listed on the following sheets. Your co-payment ranges from 0% for most Diagnostic & Preventive Services, to approximately 15%-35% for Basic Services, approximately 25%-50% for Major Services, and approximately 50% for Orthodontic Services. Refer to the attached DeltaCare Description of Benefits and Co-payments for specific covered services and co-payments.

Delta Dental Premier Major Services **Waiting Period: Credit may be given for new hires who provide proof of continuous coverage with another carrier. **Delta Dental PPO Major Services Waiting Period**: Waiting period is waived for all new hires. Credit may be given towards the Major Services and/or the Orthodontic Waiting period for current employees who move from another product during the plan year or if you can provide proof of continuous coverage with another carrier.