

**ACTIVE EMPLOYEE DENTAL PLANS & RATES**

EFFECTIVE DATE: 1/01/2024 THRU 12/31/2024

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26 (options 1 &amp; 2), eligible dependent children to age 25 (option 3)</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	In-Net	Out-Net	In-Net	Out-Net	In-Network Only	
Dental Networks - Payment Basis	PPO	PPO	PPO / Premier	80th	Delta Care HMO Schedule 48N	
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		1000		Copayment	
Annual Ortho Max (2 yr benefit)	N/A		N/A		\$2100 child \$2250 Adult	
Exams/cleanings/bite-wing x-rays	100%	100%	100%	100%	DeltaCare HMO 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			
	<b>Employee Paid</b>		<b>Employee Paid</b>		<b>Employee Paid</b>	
<b>24 pay per year</b>	<b>Monthly</b>	<b>Per Pay</b>	<b>Monthly</b>	<b>Per Pay</b>	<b>Monthly</b>	<b>Per Pay</b>
Employee Only	\$ 25.84	\$12.92	\$ 30.90	\$15.45	\$ 12.68	\$6.34
Employee & Spouse	\$ 54.28	\$27.14	\$ 64.92	\$32.46	\$ 22.20	\$11.10
Employee & Children	\$ 54.82	\$27.41	\$ 65.54	\$32.77	\$ 26.66	\$13.33
Employee & Family	\$ 90.86	\$45.43	\$ 108.68	\$54.34	\$ 37.42	\$18.71
	<b>Employee Paid</b>		<b>Employee Paid</b>		<b>Employee Paid</b>	
<b>18 pay per year</b>	<b>Monthly</b>	<b>Per Pay</b>	<b>Monthly</b>	<b>Per Pay</b>	<b>Monthly</b>	<b>Per Pay</b>
Employee Only	\$ 34.46	\$17.23	\$ 41.20	\$20.60	\$ 16.92	\$8.46
Employee & Spouse	\$ 72.38	\$36.19	\$ 86.56	\$43.28	\$ 29.60	\$14.80
Employee & Children	\$ 73.10	\$36.55	\$ 87.40	\$43.70	\$ 35.56	\$17.78
Employee & Family	\$ 121.16	\$60.58	\$ 144.92	\$72.46	\$ 49.90	\$24.95
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%						