

## PROGRAM COMPARISON

Plan Features	DeltaCare	Delta Dental High Plan		Delta Dental Low Plan		
<b>Annual Deductible</b>						
<ul style="list-style-type: none"> <li>Diagnostic &amp; Preventive Services</li> <li>Basic and Major Services</li> </ul>	No deductible  No deductible	No deductible  \$ 50 per patient per contract year; \$150 per family unit		No deductible  \$ 50 per patient per contract year; \$150 per family unit		
<b>Annual Benefit Maximum</b>	No maximum	\$1000 per patient per contract year		\$1000 per patient per contract year		
<b>Benefits</b>	<b>Plan Covers*</b> <b>Approximately</b>	<b>You Pay*</b> <b>Approximately</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<ul style="list-style-type: none"> <li>Diagnostic &amp; Preventive Services (Exams, cleanings, x-rays)</li> </ul>	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance	100% Plan Allowance	0% Plan Allowance
<ul style="list-style-type: none"> <li>Basic Services (Fillings, oral surgery, endodontics, periodontics)</li> </ul>	65-85% Plan Allowance	15-35% Plan Allowance	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)	80% Plan Allowance (after deductible)	20% Plan Allowance (after deductible)
<ul style="list-style-type: none"> <li>Major Services (Crowns, bridges, dentures. Implants are covered under the Delta Dental High Plan only.) <i>Major Services Waiting Period</i></li> </ul>	65-75% Plan Allowance  <i>No Waiting Period</i>	25-35% Plan Allowance  <i>No Waiting Period</i>	50% Plan Allowance (after deductible)  <i>6 months from your effective date**</i>	50% Plan Allowance (after deductible)  <i>6 months from your effective date**</i>	Not Covered	
<ul style="list-style-type: none"> <li>Orthodontic Services <i>Orthodontic Services Waiting Period</i></li> </ul>	*50% Plan Allowance  <i>No Waiting Period</i>	*50% Plan Allowance  <i>No Waiting Period</i>	50% Plan Allowance  <i>6 months from your effective date**</i>	50% Plan Allowance  <i>6 months from your effective date**</i>	Not Covered	
<b>Lifetime Orthodontic Maximum</b>	No maximum	\$1000 lifetime maximum per patient		N/A		
<b>Dentist Network</b>	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.	
<b>Semi-Monthly Rates</b>						
<ul style="list-style-type: none"> <li>Employee Only</li> <li>Employee/Child</li> <li>Employee/Spouse or 2 Children</li> <li>Employee/Family</li> </ul>	\$12.73 \$22.09 \$23.42 \$31.89		\$16.24 \$27.92 \$32.83 \$54.13		\$12.28 \$21.12 \$24.83 \$44.47	
<b>Benefit/Membership Services</b>	1-800-862-0838		1-800-237-6060		1-800-237-6060	

\*DeltaCare services are covered subject to co-payments listed on the following sheets. Refer to the attached DeltaCare Description of Benefits and Co-payments for specific covered services and co-payments. If you are currently in-progress with orthodontic treatment when you enroll in DeltaCare, there will be no orthodontia benefits available.

\*\*High Plan 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 any member who provides proof of continuous coverage.