

ACTIVE EMPLOYEE DENTAL PLANS & RATES

EFFECTIVE DATE: 1/01/2023 THRU 12/31/2023

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26 (options 1 & 2), eligible dependent children to age 25 (option3)</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				Not Covered
24 pay per year Employee Only Employee & Spouse Employee & Children Employee & Family 18 pay per year Employee Only Employee & Spouse Employee & Children Employee & Family	Employee Paid		Employee Paid		Employee Paid		
	Monthly	Per Pay	Monthly	Per Pay	Monthly	Per Pay	
	\$ 24.86	\$12.43	\$ 29.72	\$14.86	\$ 12.68	\$6.34	
	\$ 52.20	\$26.10	\$ 62.42	\$31.21	\$ 22.20	\$11.10	
	\$ 52.70	\$26.35	\$ 63.02	\$31.51	\$ 26.66	\$13.33	
	\$ 87.38	\$43.69	\$ 104.49	\$52.25	\$ 37.42	\$18.71	
	Employee Paid		Employee Paid		Employee Paid		
	Monthly	Per Pay	Monthly	Per Pay	Monthly	Per Pay	
	\$ 33.16	\$16.58	\$ 39.64	\$19.82	\$ 16.92	\$8.46	
	\$ 69.60	\$34.80	\$ 83.24	\$41.62	\$ 29.60	\$14.80	
	\$ 70.28	\$35.14	\$ 84.04	\$42.02	\$ 35.56	\$17.78	
	\$ 116.52	\$58.26	\$ 139.32	\$69.66	\$ 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%						