

2022 Dental Plan Comparison of Benefit Coverages

| | DELTA DENTAL PPO | DELTACARE DHMO (Available in CA only) |
|--|---|--|
| Member Services | 1-800-777-5854 | 1-800-422-4234 |
| Web site | deltadentalins.com/llns | deltadentalins.com/llns |
| Network | Any licensed dentist; Delta Dental PPO Dentist provides higher benefit level | DeltaCare USA network of dentists |
| Annual Deductible: Individual/Family | In Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care | \$0 Individual; \$0 Family |
| | Out of Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/ diagnostic care | Not applicable |
| Annual Maximum Coverage Per Person | Delta Dental PPO Dentist - \$1,700 | Not applicable |
| | Non Delta Dental PPO Dentist - \$1,500 | Not applicable |
| Preventive Care Benefits | In Network - 100% covered; sealants 80% covered | \$0-\$45 copays |
| | Out of Network - 100% covered; sealants 75% covered | Not applicable |
| Annual Service Limits-- Preventive Care | In Network Cleaning: 2 per calendar year* Exams: 2 exams of any type per calendar year * 3rd cleaning per calendar year provided for pregnant women | Cleaning and fluoride, one per 6 month Period, child to age 19 |
| Basic Services (Including fillings, routine extractions, endodontics, Periodontics) | Out of Network - same as in network | Not applicable |
| | In Network - 80% covered after deductible is met | 100% covered; for standard benefit; Copay for endodontics, periodontics |
| Major Services (Including crowns, bridges, Implants, dentures) | Out of Network - 75% covered after deductible is met | Not applicable |
| | In Network - 50% covered after deductible is met | Copay applies |
| Orthodontia Benefits | Out of Network - 50% covered after deductible is met | Not applicable |
| | In Network - 50% covered | \$1,700 - Child; \$1,900 Adult; \$100 Start Up Fee |
| Service Limits and Maximums-- Orthodontia | Out of Network - 50% covered | Not applicable |
| | In Network - Limited to \$1,500 per lifetime for dependent children; \$500 per lifetime for adults | Check with plan |
| | Out of Network - Limited to \$1,500 per lifetime for dependent children; \$500 per lifetime for adults | Not applicable |

Note: If there is a discrepancy between the benefits as described in the charts and the plan administrator's systems, the plan administrator's system governs for determining benefit coverage.