

<i>Benefit Description</i>	OPTION 2		OPTION 2	
	Delta Dental Premier		Delta Dental PPO Plus	
<i>Calendar Year Deductible</i>	Single: \$50 Family: \$150		Single: \$50 Family: \$150	
<i>Annual Benefit Maximum</i>	\$5,000 per person		\$2,000 per person	
<i>Orthodontia Lifetime Maximum</i>	\$2,500 per person		N/A	
<i>Class 1-Preventive Services*</i>				
Exams	Plan pays 100%		Plan pays 100%	
Cleanings & Fluoride Treatments	Plan pays 100%		Plan pays 100%	
X-Rays (Bitewings)	Plan pays 100%		Plan pays 100%	
X-Rays (All others)	Plan pays 100%		Plan pays 100%	
Palliative Treatment (Emergency)	Plan pays 90% after deductible		Plan pays 80% after deductible	
Sealants	Plan pays 100%		Plan pays 100%	
<i>Class 2 - Basic Services</i>				
Space Maintainers	Plan pays 100%		Plan pays 100%	
Basic Restorative	Plan pays 90% after deductible		Plan pays 80% after deductible	
Simple Extractions	Plan pays 90% after deductible		Plan pays 80% after deductible	
Complex Oral Surgery	Plan pays 90% after deductible		Plan pays 80% after deductible	
Endodontics	Plan pays 90% after deductible		Plan pays 80% after deductible	
Non-Surgical Periodontics	Plan pays 90% after deductible		Plan pays 80% after deductible	
Surgical Periodontics	Plan pays 90% after deductible		Plan pays 80% after deductible	
<i>Class 3 - Major Services</i>				
Inlays, Onlays, Crowns	Plan pays 60% after deductible		Plan pays 50% after deductible	
Prosthetics (Bridges, Dentures)	Plan pays 60% after deductible		Plan pays 50% after deductible	
Implants	Plan pays 60% after deductible		Plan pays 50% after deductible	
<i>Orthodontics</i>	Plan pays 50%		N/A	
<i>Waiting Period</i>	NONE		NONE	
<i>Out of Network Reimbursement</i>	90th Percentile of R&C		90th Percentile of R&C	
Benefit Tier	Rates	Total	Rates	Total
Employee Only	\$44.34		\$38.33	
Employee & Spouse	\$95.65		\$81.75	
Employee & Child(ren)	\$96.31		\$84.63	
Family	\$172.46		\$130.52	
Total				

renews 1/1/2027

renews 1/1/2027

Monthly

Employee Share

Employee Share

Employee Only	\$0.00
Employee & Spouse	\$0.00
Employee & Child(ren)	\$0.00
Family	\$63.17

\$0.00
\$0.00
\$0.00
\$21.23

Pay Period

Employee Share

Employee Share

Employee Only	\$0.00
Employee & Spouse	\$0.00
Employee & Child(ren)	\$0.00
Family	\$29.16

\$0.00
\$0.00
\$0.00
\$9.80