

Delta Dental Plan Options through the Associations

Effective Date: December 01, 2021 - November 30, 2022

| Insurance Carrier | DeltaCare USA | Delta Dental |
|-------------------------------------|---|---|
| Plan Name | Plan 11B | Fee For Service |
| Plan Type | HMO | DPO |
| Provider Network | DeltaCare USA Network ONLY | PPO or Premier Network |
| Calendar Year Maximum | Unlimited | \$1,000 |
| Deductible: | None | Single \$50/Family \$ 150 |
| Waived for Preventive | Not Applicable | Yes |
| Diagnostic | | "Delta Pays" (A) |
| Office Visit | \$20 copay | \$26.00 |
| Periodic Oral Evaluation | No Charge | \$17.00 |
| Comprehensive Oral Evaluation | No Charge | \$22.00 |
| Bitewing X-rays | No Charge | \$12.00 - \$26.00 |
| Other X-rays | No Charge | \$5.00 - \$50.00 |
| Preventive | | "Delta Pays" (A) |
| Cleanings Adult | No Charge | \$40.00 |
| Child through Age 13 | Additional Cleanings: \$45.00 No Charge Additional Cleanings: \$35.00 | Not Applicable \$32.00 Not Applicable |
| Restorative | No Charge - \$240 copay | "Delta Pays" (A) \$53.00 - \$148.00 |
| Oral Surgery | No Charge - \$110 copay | \$26.00 - \$175.00 |
| Endodontics (Root Canals) | No Charge - \$250 copay | \$50.00 - \$402.00 |
| Periodontics (Deep Cleaning) | \$80 copay - \$280 copay | \$39.00 - \$448.00 |
| Waiting Period | None | "Delta Pays" (A) None |
| Crowns | \$55 copay - \$240 copay | \$343.00 - \$391.00 |
| Prosthodontics, Removable | \$20 copay - \$210 copay | \$255.00 - \$676.00 |
| Prosthodontics, Fixed | \$40 copay - \$240 copay | \$191.00 - \$605.00 |
| Orthodontia | | |
| Pretreatment/Post Treatment | \$200 copay / \$70 copay | |
| Limited Treatment Child to 19 | \$950 copay | NOT COVERED |
| Limited Treatment 19 to Adult | \$1,150 copay | |
| Comprehensive Treatment Child to 19 | \$1,700 copay | |
| Comprehensive Treatment 19 to Adult | \$1,900 copay | |
| Monthly Premium Rate | | |
| Subscriber Only | \$38.80 | \$55.84 |
| Subscriber+1 | \$58.47 | \$98.45 |
| Subscriber+2 or more | \$82.42 | \$129.24 |

(A) For each procedure, you are responsible for the portion of the dentist's fee that is more than the amount listed in the "Delta Dental Pays" column.