

2025 DELTA DENTAL MONTHLY AND PER PAY PREMIUMS

| | DELTA DENTAL PLAN L | PLAN L PER PAY | DELTA DENTAL PLAN H | PLAN H PER PAY |
|---------------------------------|------------------------|-------------------|------------------------|-------------------|
| <u>EMPLOYEE</u> | \$29.00 | \$14.50 | \$35.87 | \$17.94 |
| <u>EMPLOYEE + ONE</u> | \$55.73 | \$27.87 | \$70.09 | \$35.05 |
| <u>FAMILY</u> | \$108.22 | \$54.11 | \$139.61 | \$69.81 |
| | | | | |
| CALENDAR YEAR MAX | \$1,000.00 | | \$1,500.00 | |
| DEDUCTIBLE SINGLE/FAMILY | \$50/\$150 | | \$50/\$150 | |
| PREVENTIVE | 100% | | 100% | |
| BASIC | 80% | | 90% | |
| MAJOR | 50% | | 60% | |
| ORTHODONTIA | \$0.00 | | 50% | |
| ORTH LIFETIME MAX | \$0.00 | | \$1,000.00 | |

Maximum payment \$1000.00 per person total per calendar year on Diagnostics & Preventative, Basic Services and Major Services.

Deductible: PPO Dentist \$50.00 per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy.

Premier and Nonparticipating Dentist: \$75.00 deductible per person total per calendar year limited to a maximum deductible of \$225.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy.

Maximum payment \$1500.00 per person total per calendar year on Diagnostics & Preventative, Basic Services and Major Services. \$1000.00 per person total per lifetime on Orthodontics.

Deductible: PPO Dentist \$50.00 per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy and orthodontic services.

Premier and Nonparticipating Dentist: \$75.00 deductible per person total per calendar year limited to a maximum deductible of \$225.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy and orthodontic services.

DELTA DENTAL PLAN COMPARISON PLANS L and H - 2025

This document is only intended to provide a brief description of your benefits.

| DELTA DENTAL | PLAN L - PPO DENTIST | PLAN L - PREMIER DENTIST | NON-PARTICIPATING DENTIST | PLAN H - PPO DENTIST | PLAN H - PREMIER DENTIST | NON-PARTICIPATING DENTIST |
|--|-----------------------------|---------------------------------|----------------------------------|-----------------------------|---------------------------------|----------------------------------|
| <u>DIAGNOSTIC and PREVENTATIVE</u> | Plan Pays | Plan Pays | Plan Pays | Plan Pays | Plan Pays | Plan Pays |
| Diagnostic and Preventative Services: exams, cleanings, and fluoride | 100% | 100% | 80% | 100% | 100% | 80% |
| Emergency Palliative Treatment: to temporarily relieve pain | 100% | 100% | 80% | 100% | 100% | 80% |
| Brush Biopsy: to detect oral cancer | 100% | 100% | 80% | 100% | 100% | 80% |
| <u>BASIC SERVICES</u> | | | | | | |
| Space maintainers: appliances to prevent tooth movement | 80% | 80% | 80% | 90% | 90% | 80% |
| Sealants: to prevent decay of permanent teeth | 80% | 80% | 80% | 90% | 90% | 80% |
| Radiographs: X-rays | 80% | 80% | 80% | 90% | 90% | 80% |
| Minor Restorative Services: fillings, and crown repair | 80% | 80% | 80% | 90% | 90% | 80% |
| Other Basic Services: miscellaneous services | 80% | 80% | 80% | 90% | 90% | 80% |
| <u>MAJOR SERVICES</u> | | | | | | |
| Endodontic Services: root canals | 50% | 50% | 50% | 60% | 60% | 50% |
| Periodontic Services: to treat gum disease | 50% | 50% | 50% | 60% | 60% | 50% |
| Oral Surgery Services: extractions and dental surgery | 50% | 50% | 50% | 60% | 60% | 50% |
| Major Restorative Services: crowns, inlays, and onlays | 50% | 50% | 50% | 60% | 60% | 50% |
| Relines and Repairs: to bridges, dentures and implants | 50% | 50% | 50% | 60% | 60% | 50% |
| Prosthodontic Services: bridges, dentures, and implants | 50% | 50% | 50% | 60% | 60% | 50% |
| Orthodontic Services - braces | | | | 50% | 50% | 50% |
| Orthodontic Age Limit | | | | UP TO AGE 19 | | |