

Dental Indemnity Comparison Chart

| | Delta Dental Indemnity Options | | | | UnitedHealthcare Indemnity Options | | | |
|--|--------------------------------|---|--|---|------------------------------------|---|--|---|
| | Delta Dental PPO Standard | | Delta Dental PPO High | | UHC PPO Standard | | UHC PPO High | |
| Benefits | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network ¹ | Out-of-Network ² | In-Network ¹ | Out-of-Network ² |
| Annual Calendar Year Deductible | \$0.00 | \$50 / person \$150 / family Classes I, II and III only | \$50 / person \$150 / family Classes II and III only | \$50 / person \$150 / family Classes I, II and III only | \$0.00 | \$50 / person \$150 / family Classes I, II and III only | \$50 / person \$150 / family Classes II & III only | \$50 / person \$150 / family Classes I, II and III only |
| Annual Calendar Year Maximum (Per Person) | \$1,500.00 | | \$1,500.00 | | \$1,500.00 | | \$1,500.00 | |
| Exam | You Pay | You Pay | You Pay | You Pay | You Pay (Area 2) | You Pay | You Pay | You Pay ² |
| Limited Oral Evaluation - problem focused | \$5.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$5.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Comprehensive Oral Evaluation | \$5.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$5.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| X-Rays | | | | | | | | |
| Intraoral - Complete Series, including bitewings | \$0.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$0.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Intraoral - Periapical first film | \$9.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$8.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| Intraoral - Periapical each additional film | \$3.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$3.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| Bitewings - two films | \$0.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$0.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Bitewings - four films | \$0.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$0.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Panoramic | \$0.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$0.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Preventive Services | | | | | | | | |
| Prophylaxis - adult cleaning | \$15.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$15.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Prophylaxis - child cleaning | \$15.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$15.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Fluoride - child | \$0.00 | 10% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$0.00 | 10% of MAC | 0% of MAC ¹ | 0% of MAC |
| Sealant - per tooth | \$15.00 | 40% of PPO fee** | 0% of PPO fee* | 0% of PPO fee** | \$10.00 | 40% of MAC | 0% of MAC ¹ | 0% of MAC |
| Silver Fillings | | | | | | | | |
| Amalgam, 1 Surface, primary or permanent | \$35.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$35.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| Amalgam, 2 surfaces, primary or permanent | \$45.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$45.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| White Fillings, Front Teeth | | | | | | | | |
| Anterior Composite, surface ¹ | \$40.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$35.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| Anterior Composite, 2 surfaces | \$50.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$45.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |

*In-Network: Member pays balance of PPO fees, after plan pays.

** Out-of-Network: Member pays balance of PPO fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.

¹ The network percentage of benefits is based on discounted fees negotiated with the provider.

² MAC = The percentage of benefits is based on the schedule of maximum allowable charges. Maximum allowable charges are the limitation on billed charges in the geographic area in which the expenses are incurred.

If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern.

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| | Delta Dental Indemnity Options | | | | UnitedHealthcare Indemnity Options | | | |
|--|--------------------------------|------------------|-----------------------|------------------|------------------------------------|-----------------------------|-------------------------|-----------------------------|
| | Delta Dental PPO Standard | | Delta Dental PPO High | | UHC PPO Standard | | UHC PPO High | |
| Benefits Continued | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network ¹ | Out-of-Network ² | In-Network ¹ | Out-of-Network ² |
| Onlays and Crowns | | | | | | | | |
| Crown, All Porcelain | \$475.00 | 70% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | \$390.00 | 70% of MAC | 50% of MAC ¹ | 50% of MAC |
| Core Build Up | \$85.00 | 70% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | \$70.00 | 70% of MAC | 50% of MAC ¹ | 50% of MAC |
| Periodontal Care (For Gums) | | | | | | | | |
| Periodontal Therapy, 4+ teeth/quadrant | \$85.00 | 70% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | \$75.00 | 70% of MAC | 50% of MAC ¹ | 50% of MAC |
| Periodontal Maintenance | \$40.00 | 40% of PPO fee** | 20% of PPO fee* | 20% of PPO fee** | \$35.00 | 40% of MAC | 20% of MAC ¹ | 20% of MAC |
| Extractions | | | | | | | | |
| Extraction, erupted tooth or exposed root | \$50.00 | 70% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | \$45.00 | 70% of MAC | 50% of MAC ¹ | 50% of MAC |
| Surgical removal of erupted teeth | \$105.00 | 70% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | \$90.00 | 70% of MAC | 50% of MAC ¹ | 50% of MAC |
| Orthodontia Care | | | | | | | | |
| Comprehensive orthodontic treatment of adolescent dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small> | \$2,100.00 | 50% of PPO fee** | 50% of PPO fee** | 50% of PPO fee** | \$2,100.00 | 50% of MAC | 50% of MAC ¹ | 50% of MAC |
| Comprehensive orthodontic treatment of adult dentition <small>(full treatment case up to 24 months - including fixed/removable appliances)</small> | | 50% of PPO fee** | 50% of PPO fee* | 50% of PPO fee** | | 50% of MAC | 50% of MAC ¹ | 50% of MAC |
| Pre-orthodontic treatment visit <small>(consult/records/exam)</small> | | 50% of PPO fee** | 50% of PPO fee** | 50% of PPO fee** | | 50% of MAC | 50% of MAC ¹ | 50% of MAC |
| Orthodontic Retention <small>(removal of appliances, construction and placement of retainer(s))</small> | | 50% of PPO fee** | 50% of PPO fee** | 50% of PPO fee** | | 50% of MAC | 50% of MAC ¹ | 50% of MAC |
| Unspecified Orthodontic Procedure - By Report | | 50% of PPO fee** | 50% of PPO fee** | 50% of PPO fee** | | 50% of MAC | 50% of MAC ¹ | 50% of MAC |
| Lifetime Maximum Benefit Per Person | | \$1,500 | \$1,500 | \$1,500 | | \$1,500 | \$1,500 | \$1,500 |

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