

## 2012 Dental Plan Comparison Highlights

| Covered Benefit  | Delta Dental Premier <sup>1</sup>   |   | Delta Dental Limited PPO <sup>2</sup>                               |
|--|---|---|---|
|  | In-Network  | Out-of-Network                                |   |
| Plan pays  | Higher benefits with in-network care; out-of-network care is available  |   | In-network care only  |
| Cleanings  | One cleaning within a 6-month period are covered at 100% of MPA <sup>3</sup>  |   |   |
| Calendar Year Maximum  | \$1,000 per person  |   | No annual maximum   |
| Calendar Year Deductible   | \$75 per person;<br>\$225 per family  |   | No deductible   |
| Class I – preventive and diagnostic care (initial and periodic exams, cleanings, routine x-rays)                             | 100%<br>no deductible   | 100% of MPA <sup>3</sup> ;<br>no deductible   | 100% for most benefits (except space maintainer)                    |
| Class II – basic restorative care (fillings to include posterior composites, extractions, root canal, periodontal treatment) | 80%<br>no deductible  | 80% of MPA <sup>3</sup> ;<br>no deductible    | 100% of some services;<br>flat dollar amount set for other services |
| Class III – major restorative care (crowns, dentures, bridges)   | 50%<br>after deductible   | 50% of MPA <sup>3</sup> ;<br>after deductible | Flat dollar amount set for most services                            |
| Class IV – orthodontia (braces)  | \$100 lifetime deductible <sup>4</sup> ;<br>\$1,000 lifetime maximum  |   | Flat dollar amount set for most services                            |
|  | 50% after deductible  | 50% of MPA <sup>3</sup><br>after deductible   |   |
| Class V – Temporomandibular Joint Syndrome (TMJ)   | \$100 calendar year deductible <sup>4</sup> ;<br>\$750 lifetime maximum   |   | Not a covered benefit   |
|  | 50% after deductible  | 50% of MPA <sup>3</sup><br>after deductible   |   |
| Pre-Determination of Benefits  | Before starting treatment, your dentist may do a pre-determination with Delta Dental for any procedure over \$300. This will let you know if the procedure is covered and approximately how much the work will cost you. Pre-determination does not guarantee benefits.                         |   |   |
| Optional Services  | You are responsible for optional services that cost more than Delta Dental's normal coverage for that service. For example, if your plan allows for amalgams only, even though a metal or porcelain inlay is suggested by your dentist, Delta Dental will pay for only the cost of the amalgam. |   |   |

<sup>1</sup> If you are a member of the Premier Plan and your dentist participates in both the Delta Dental Premier and PPO networks, your claims will be processed at the PPO network discounted fee, subject to the Premier plan's calendar year maximums and deductibles.

<sup>2</sup> Under the Delta Dental Limited PPO, you must visit a dentist in the Delta Dental PPO network or you will not receive benefits; however, you do not need to choose a primary care dentist. There are no out-of-network benefits available with this plan.

<sup>3</sup> You are not responsible for charges over the maximum plan allowance (MPA) if you go to a participating Delta Dental dentist. You are responsible for charges over the MPA if you go to a non-participating dentist.

<sup>4</sup> These deductibles are in addition to the plan deductible.