

# Dental

## ELIGIBILITY AND DENTAL PLAN SUMMARIES

DENTAL BENEFITS ARE AVAILABLE TO FULL-TIME EMPLOYEES AND THEIR ELIGIBLE DEPENDENTS THROUGH DELTA DENTAL PREMIER. EMPLOYEES MAY ELECT TO COVER LAWFUL SPOUSES AND UNMARRIED DEPENDENT CHILDREN FROM BIRTH TO AGE 24, AS LONG AS THE DEPENDENT CHILD IS CLAIMED AS A FEDERAL TAX EXEMPTION. DEPENDENT CHILDREN OVER AGE 19 MUST PROVIDE PROOF OF FULL-TIME STUDENT STATUS WHICH WILL THEN EXTEND ELIGIBILITY UNTIL THE DEPENDENT TURNS AGE 24.

ONCE A DENTAL PLAN IS SELECTED, IT REMAINS IN EFFECT FOR THE FULL CALENDAR YEAR OR TWO FULL CALENDAR YEARS IF THE HIGH PLAN IS ELECTED. CHANGES IN ENROLLMENT ARE ONLY PERMITTED WITHIN 31 DAYS OF QUALIFYING EVENTS. PLEASE SEE THE PAGE TITLED "NEED TO CHANGE YOUR PLAN" FOR FURTHER INFORMATION REGARDING QUALIFYING EVENTS. CHANGES ARE MADE ONLY DURING OPEN ENROLLMENT AND ARE EFFECTIVE JANUARY 1<sup>ST</sup>.

You will find that the new Standard Dental and High Dental plans have enhanced benefits and are offering coverage for more services at a lower or no cost. Participating dentists agree to accept the allowable amount negotiated by Delta Dental as payment in full for covered services. Dentists who have not signed a participation agreement may bill you directly for any amount in excess of the allowable amount.

| <b>Dental Coverage</b>  | <b>High Plan</b>  | <b>Standard Plan</b> |
|---|---|----------------------|
| <b>Annual Deductible (Single/Family)</b>  | \$0 / \$0   | \$50 / \$150         |
| <b>Maximum Annual Benefit Per Covered Member</b>  | \$2,000   | \$1,500              |
| <b>Preventive Care</b>  | \$0 copay   | \$0 copay            |
| <b>Enrollment Requirement</b>   | 2 years   | N/A                  |
| <b>Minor Services</b><br>Routine Fillings, Simple Extractions, Root Canals, Simple Denture Repair, Oral Surgery, Periodontics (Gum Disease) | 15%   | Deductible, then 20% |
| <b>Major Services</b><br>Inlays or Crowns, Prosthetic Services,   | 40%   | Deductible, then 50% |
| <b>Orthodontic Services</b><br>Diagnosis & Treatment Plan<br>Minor Treatment for Tooth Guidance   | 50% of the allowable amount (\$1,000 lifetime max) (dependents under 19 only) | Not Covered          |

\*\*Certain procedures require pre-authorization and/or are subject to limitations.

| <b>Delta Dental High</b> | <b>Total Monthly Premium</b> | <b>University Monthly Contribution</b> | <b>Employee Monthly Premium</b> | <b>Faculty (20 Pays)</b> | <b>Semi-Monthly (24 Pays)</b> |
|--------------------------|------------------------------|--|---------------------------------|--------------------------|-------------------------------|
| Employee Only            | \$33.50                      | \$22.10                                | \$11.40                         | \$6.84                   | \$5.70                        |
| Employee + Spouse        | \$65.60                      | \$22.10                                | \$43.50                         | \$26.10                  | \$21.75                       |
| Employee + Child(ren)    | \$71.31                      | \$22.10                                | \$49.21                         | \$29.53                  | \$24.61                       |
| Employee + Family        | \$114.47                     | \$22.10                                | \$92.37                         | \$55.42                  | \$46.19                       |

| <b>Delta Dental Standard</b> | <b>Total Monthly Premium</b> | <b>University Monthly Contribution</b> | <b>Employee Monthly Premium</b> | <b>Faculty (20 Pays)</b> | <b>Semi-Monthly (24 Pays)</b> |
|------------------------------|------------------------------|--|---------------------------------|--------------------------|-------------------------------|
| Employee Only                | \$22.10                      | \$22.10                                | FREE                            | FREE                     | FREE                          |
| Employee + Spouse            | \$45.05                      | \$22.10                                | \$22.95                         | \$13.77                  | \$11.48                       |
| Employee + Child(ren)        | \$42.51                      | \$22.10                                | \$20.41                         | \$12.25                  | \$10.21                       |
| Employee + Family            | \$69.89                      | \$22.10                                | \$47.79                         | \$28.67                  | \$23.90                       |