

## Delta Dental's Plans Compare features

Delta Dental PPO <sup>SM</sup> or Delta Dental Premier <sup>®</sup>	Plan Features	DeltaCare <sup>®</sup> USA*
Fee-for-service, preferred provider	<b>Plan</b>	Pre-paid, DHMO-type plan
Covered services paid at applicable coinsurance — for example, fillings are covered at 80% of allowed amount – enrollees pay the remaining 20%	<b>Copayments/ Coinsurance</b>	Covered procedures have predetermined dollar copayments that the enrollee pays for services provided by network dentists (this keeps out-of-pocket costs predictable)
Deductibles and dollar maximums apply to most plan designs	<b>Deductibles and maximums</b>	No deductibles or dollar maximums when visiting a DeltaCare USA dentist
Wide range of covered services, including implant coverage and additional preventive benefits for women during pregnancy  No exclusions for pre-existing conditions or missing teeth	<b>Coverage</b>	Plan covers nearly 300 procedures, including tooth bleaching and posterior composites  No copayments or low copayments for most diagnostic and preventive services  No exclusions for pre-existing conditions or missing teeth  Out-of-area coverage is limited to emergency care provision
Freedom to choose any licensed dentist and change dentists any time without contacting Delta Dental  Enrollees never pay above the dentist's contracted amount when seeking treatment from a network dentist	<b>Dentist network</b>	Enrollee must select a dentist from a list of network dental facilities and must visit this dentist to receive benefits.  Ability to change selected or assigned network dentists via telephone or online
Preauthorization is not required and no referral is required for specialty care	<b>Specialty care treatment</b>	The enrollee's DeltaCare USA general dentist will coordinate specialty care treatment authorization when required
Plan will calculate payment based on the plan's benefits and the remaining amount not paid by your former dental plan  Enrollees are responsible for all coinsurance and fees subject to the provisions of their prior dental plan	<b>Orthodontic treatment in progress**</b>	Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan  Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan
Delta Dental dentists file claim forms for enrollees. The enrollee may be required to pay any coinsurance and deductible at the time of service	<b>Claims</b>	No claim forms required  The enrollee only needs to pay the specified copayment at the time of their visit

Delta Dental Premier and Delta Dental PPO are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California, PA, MD – Delta Dental of Pennsylvania, NY – Delta Dental of New York, DE – Delta Dental of Delaware, WV – Delta Dental of West Virginia. In Texas, Delta Dental PPO is underwritten as a Dental Provider Organization (DPO) plan.

DeltaCare USA is underwritten in these states by these entities: AL – Alpha Dental of Alabama, Inc.; AZ – Alpha Dental of Arizona, Inc.; CA – Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, WA, WI, WY – Dentegra Insurance Company; NH and VT – Dentegra Insurance Company of New England; AK, CT, DE, FL, GA, KS, LA, MS, MT, TN, WV and Washington, D.C. – Delta Dental Insurance Company; HI, IL, IN, KY, MD, MO, NJ, OH, TX – Alpha Dental Programs, Inc.; NV – Alpha Dental of Nevada, Inc.; UT – Alpha Dental of Utah, Inc.; NM – Alpha Dental of New Mexico, Inc.; NY – Delta Dental of New York; PA – Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

\* In AK, CT, LA, ME, MS, MT, NH, NC, OK, SD and VT DeltaCare USA is offered as an open access plan. Enrollees can obtain treatment from any licensed dentist and do not need to select a dentist upon enrolling in a plan. There are no restrictions for emergency care coverage. Because enrollees can visit any licensed dentist, no specialty authorization is needed. Deductibles and maximums may apply for services provided by an out-of-network dentist. To find out more about the networks in these states contact your local account executive.

\*\* When covered under both previous and current plan