DENTAL HMO – EMPLOYER SPONSORED or VOLUNTARY

DeltaCare® USA		
Plan Type	**HMO**	
Plan Name	Silver	Gold
Exam & Diagnostics		
Office Exam	100%	100%
Initial Oral Exam	100%	100%
Periodic Oral Exam	100%	100%
Teeth Cleaning	100%	100%
Bite-Wing X-Ray	100%	100%
Oral Surgery		
Removal of Uncomplicated Single Tooth	$5	100%
Removal of Impacted Tooth-Partially Bony	$75	$70
Removal of Impacted Tooth-Completely Bony	$95	$90
Restorative		
Cavities-Amalgam, 1 Surface	$5	100%
Cavities-Amalgam, 2 Surfaces	$10	100%
Endodontics		
Single Root Canal	$85	$55
Bi-Root Canal	$150	$120
Molar Root Canal	$280	$250
Periodontics		
Gingivectomy-Per Tooth	$80	$80
Periodontal Scaling and Root Planning (quadrant)	$30	$20
Crowns		
Porcelain	$195	$140
Full Cast Noble Metal	$200	$150
Orthodontics		
Children (maximum age 18)	$1,700	$1,700
Adult	$1,900	$1,900
Prosthetics		
Complete Upper or Lower Denture (each)	$215	$145
Partial Upper or Lower Denture (each)	$180	$120
Waiting Periods	None	None

Please note: Benefits for DeltaCare USA will vary for employees living in eligible zip codes of Florida, Georgia and Texas. Please see the DeltaCare USA Out-Of-State Dental benefit slick for details.

DENTAL PPO – EMPLOYER SPONSORED or VOLUNTARY

Carrier	Ameritas Group						Delta Dental®					
Plan Type	**PPO**						**PPO**					
Plan Name	Silver		Gold		Platinum		Silver- Voluntary Only		Gold- ER Sponsored Only		Platinum- ER Sponsored Only	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network[3]
Annual Maximum	$1,000	$1,000	$1,500	$1,500	$2,000	$2,000	$1,000	$1,000	$1,500	$1,500	$2,000	$2,000
Annual Deductible	$50	$50	$50	$50	$50	$100	$50	$50	$50	$50	$50	$50
Diagnostic & Preventive Care	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Basic Services	80%	80%	80%-90%-100%[1]	80%	75%	75%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	75%	75%	50%	50%	50%	50%	50%	50%
Endodontics & Periodontics	50%	50%	80%-90%-100%[1]	80%	75%	75%	50%	50%	80%	80%	80%	80%
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
Orthodontic Care[4] (optional)												
Coinsurance	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual Maximum	None	None	None	None	None	None	None	None	None	None	None	None
Lifetime Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Waiting Periods												
Basic	None	None	None	None	None	None	None	None	None	None	None	None
Major	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	12 Months	12 Months	None	None	None	None
Ortho	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months	None	None	None	None
Orthodontic Takeover Credit	**ER Sponsored Only:** At initial group enrollment employer sponsored groups with 10+ eligible employees and prior continuous uninterrupted orthodontic coverage of 12 months, will waive orthodontic waiting period.						Does Not Apply					
UCR		Average Prevailing Fee[2]		80% of U & C		80% of U & C		Maximum Allowable Charge		Maximum Allowable Charge		See Footnote 3

1 Benefit increase by visiting your provider each year (See EOC for details).

2 With the Average Prevailing Fee, the plan allowance for each covered procedure is established according to the median dentist charges in the ZIP Code area where services are provided. Reimbursement allowances automatically adjust if there's an increase or decrease in the overall charges in the area.

3 Premier dentists agree to accept their Premier Contracted Fee as payment in full. Non-contracted dentists are reimbursed according to the program allowance, which is the amount determined by a set percentile level of all charges for such services by providers with similar professional standing in the same geographical area.

4 Child only.

Dental Rewards® by Ameritas Group

Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than half of the annual maximum, they can increase their next year's coverage by $250 and earn an additional $100 to $150 if they visit a network provider. For more information on Dental Rewards®, please visit www.ameritasgroup.com. (Dental Rewards® is a registered service mark of Ameritas Life Insurance Corp. and is used with permission.)

	Silver	Gold	Platinum
Carry Over Amount	$250	$250	$400
PPO Bonus	$100	$100	$200
Benefit Threshold	$500	$500	$750
Maximum Carry Over Amount	$1,000	$1,000	$1,200

DENTAL PPO – EMPLOYER SPONSORED or VOLUNTARY (continued)

Carrier	Madison National Life[1]					
Plan Type	**EPO**		**PPO**		**PPO**	
Plan Name	Silver		Gold		Platinum	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum	$1,500[3]	$500[3]	$1,500[3]	$750[3]	$1,500[3]	$1,500[3]
Annual Deductible	$50	$50	$50	$50	N/A	N/A
	(Plan year ded. applies to all services, limit 3x per family)					
Lifetime Deductible	N/A	N/A	N/A	N/A	$100[2]	$100[2]
Diagnostic & Preventive Care	Ded. Applies	Ded. Applies	Ded. Applies	Ded. Applies	Ded. Applies	Ded. Applies
Preventive	100%	60%	100%	60%	80%	80%
Basic Services	80%	40%	80%	40%	80%	80%
Major Services	50%	30%	50%	30%	50%	50%
Endodontics & Periodontics	50%	30%	80%	40%	80%	80%
Restorative	80%	40%	80%	40%	80%	80%
Orthodontic Care[4] (optional)						
Coinsurance	50%	50%	50%	50%	50%	50%
Annual Maximum	$500[3]	$500[3]	$500[3]	$500[3]	$500[3]	$500[3]
Lifetime Maximum	$1,000	$1,000	$1,000	$1,000	$1,000	$1,000
Waiting Periods						
Basic	None	None	None	None	None	None
Major	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months	**ER SPON: None** VOLUN: 6 Months
Ortho	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
Orthodontic Takeover Credit	**ER Sponsored & Voluntary:** At initial group enrollment, groups with 10+ eligible employees and prior continuous orthodontic dental coverage, will waive up to 12 months waiting period based on group's number of prior continuous uninterrupted orthodontic coverage.					
UCR		Maximum Allowable Charge		Maximum Allowable Charge		Maximum Allowable Charge

1 For non-DHMO benefits, if employee does not enroll at initial eligibility date, he/she may not enroll until next group anniversary date, and basic services will require a 3 to 6 month waiting period and major/ortho services will require a 12 to 24 month waiting period.

2 Lifetime deductible applies to all services, limit 3 times per family.

3 Per plan year.

4 Child only.

Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National Life Insurance Company, Inc. is a member of The IHC Group, an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 30 years. For information on The IHC Group, visit www.ihcgroup.com.

This plan does not fulfill the requirements of an essential health benefit plan as it relates to Pediatric Dental and Vision benefits defined by the Patient Protection and Affordable Care Act (also known as Obamacare).