

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 |

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DENTAL PPO – EMPLOYER SPONSORED or VOLUNTARY

| Carrier | Ameritas | | | | | | Anthem Blue Cross | | | | | |
|------------------------------------|---|-------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------|--------------------------|--------------------------|----------------------|------------------------------|----------------------|
| 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 |
| Annual Maximum | \$1,000 | \$1,000 | \$1,500 | \$1,500 | \$2,000 | \$2,000 | \$1,500 | \$1,500 | \$2,000 | \$2,000 | \$2,500 | \$2,500 |
| Annual Deductible | \$50 | \$50 | \$50 | \$50 | \$50 | \$100 | \$50 ⁴ | \$50 ⁴ | \$50 ⁴ | \$50 ⁴ | \$50 ⁴ | \$50 ⁴ |
| 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% | 80% | 100% | 100% | 100% | 100% |
| Basic Services | 80% | 80% | 80%-90%-100% ¹ | 80% | 75% | 75% | 80% | 60% | 90% | 80% | 90% | 90% |
| Major Services | 50% | 50% | 50% | 50% | 75% | 75% | 50% | 50% | 60% | 50% | 60% | 60% |
| Endodontics & Periodontics | 50% | 50% | 80%-90%-100% ¹ | 80% | 75% | 75% | 80% ⁵ | 60% ⁵ | 90% ⁵ | 80% ⁵ | 90% ⁵ | 90% ⁵ |
| 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 (optional) | | | | | | | | | | | | |
| Coinsurance | 50% ³ | 50% ³ | 50% ³ | 50% ³ | 50% ³ | 50% ³ | Not Covered | Not Covered | 50% ⁶ | 50% ⁶ | 50% ⁶ | 50% ⁶ |
| Annual Maximum | None | None | None | None | None | None | Not Covered | Not Covered | None | None | None | None |
| Lifetime Maximum | \$1,000 ³ | \$1,000 ³ | \$1,000 ³ | \$1,000 ³ | \$1,000 ³ | \$1,000 ³ | Not Covered | Not Covered | \$2,000 ⁶ | \$2,000 ⁶ | \$2,500 ⁶ | \$2,500 ⁶ |
| Waiting Periods | | | | | | | | | | | | |
| Basic | None | None | None | None | None | None | None | None | None | None | None | None |
| Major | ER SPON: None | ER SPON: None | ER SPON: None | ER SPON: None | ER SPON: None | ER SPON: None | 12 Months ⁷ | 12 Months ⁷ | None | None | None | None |
| | VOLUN: 6 Months | VOLUN: 6 Months | VOLUN: 6 Months | VOLUN: 6 Months | VOLUN: 6 Months | VOLUN: 6 Months | | | | | | |
| Ortho | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months | 12 Months | Not Covered | Not Covered | 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 | | See Plan Specific EOC | | | |
| UCR | | Average Prevailing Fee ² | | 80% of U & C | | 80% of U & C | | Maximum Allowable Charge | | 90% of U & C | | 90% of U & C |

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 Child only.

4 Limit 3x per family.

5 Including Oral Surgery.

6 Covered adults and dependent children.

7. Waiting period waived for initial enrollees covered under the prior group plan.

Dental Rewards[®] by Ameritas

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 their Benefit Threshold listed to the right, they can increase their next year's coverage by \$250 on Silver and Gold Plans or \$400 on Platinum. Plus they can earn an additional \$100 on Silver or Gold or \$200 on Platinum if they visited a network provider. For more information on Dental Rewards please visit www.ameritas.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

| Carrier | Delta Dental® | | | | | | MetLife ⁴ | | | | | |
|--|-----------------------|--------------------------|------------------------|--------------------------|----------------------------|-----------------------------|----------------------|--------------------------|------------------------------|------------------------|-----------------------------------|------------------------|
| Plan Type | PPO | | | | | | PPO | | | | | |
| Plan Name | Silver-Voluntary Only | | Gold-ER Sponsored Only | | Platinum-ER Sponsored Only | | Silver | | Platinum – ER Sponsored Only | | Platinum Plus – ER Sponsored Only | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network ² | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Maximum | \$1,000 | \$1,000 | \$1,500 | \$1,500 | \$2,000 | \$2,000 | \$1,250 | \$750 | \$2,250 | \$1,750 | \$2,500 | \$2,000 |
| Annual Deductible | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$25 | \$50 | None | \$50 |
| Diagnostic & Preventive Care | Ded. Waived | Ded. Waived | Ded. Waived | Ded. Waived | Ded. Waived | Ded. Waived | Ded. Waived | Ded. Applies | Ded. Waived | Ded. Applies | Ded. Waived | Ded. Waived |
| Preventive | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 90% | 100% | 100% | 100% | 100% |
| Basic Services | 80% | 80% | 80% | 80% | 80% | 80% | 80% | 60% | 80% | 70% | 90% | 80% |
| Major Services | 50% | 50% | 50% | 50% | 50% | 50% | 50% | 40% | 50% | 40% | 50% | 50% |
| Endodontics & Periodontics | 50% | 50% | 80% | 80% | 80% | 80% | 50% | 40% | 80% / 50% ³ | 70% / 40% ³ | 90% / 50% ³ | 80% / 50% ³ |
| 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 Care¹ (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 | \$1,500 | \$1,500 |
| Waiting Periods | | | | | | | | | | | | |
| Basic | None | None | None | None | None | None | None | None | None | None | None | None |
| Major | 12 Months | 12 Months | None | None | None | None | None | None | None | None | None | None |
| Ortho | 12 Months | 12 Months | None | None | None | None | None | None | None | None | None | None |
| Orthodontic Takeover Credit | Does Not Apply | | | | | | Does Not Apply | | | | | |
| UCR | | Maximum Allowable Charge | | Maximum Allowable Charge | | See Footnote ² | | Maximum Allowable Charge | | 70% of U & C | | 90% of U & C |

1 Child only.

2 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.

3. Endodontics and Periodontics can be classified as either Basic or Major services depending on the procedure.

4. In-network reimbursement for MetLife plans is based on the negotiated fee, which is the fee that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Out-of-network reimbursement is based on either the negotiated fee (for the Silver plan) or the Usual and Customary (U&C) Fee (for the Platinum and Platinum-Plus plans). The U&C Fee is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographical area for the same or similar services as determined by MetLife.