

## PLANS FOR FAMILIES AND ADULTS • 2018 Features & Benefit Details

### Plans with Comprehensive Coverage



### Plans with Basic Coverage



PLAN NAME	Altus Dental High Plan	Delta Dental Premier Family Enhanced*	Delta Dental EPO Family Enhanced*
<b>PLAN NETWORK</b>	Altus Dental Participating Dentists	Delta Dental Premier	Delta Dental EPO
Is this a smaller network?	No	No	Yes
Annual deductible – one enrollee		\$50	
Annual deductible –family <sup>1</sup>		\$150	
Maximum annual out-of-pocket – child under 19 years		\$350	
Maximum annual out-of-pocket – 2 or more children		\$700	
Maximum annual per person benefit (adults 19 and over only)		\$1,250	
Maximum annual per person benefit (child)		No Maximum	

Altus Dental Low Plan	Delta Dental Premier Family Value*	Delta Dental EPO Family Value*	Delta Dental Individual and Family EPO Basic Exclusive Network Plan*
Altus Dental Participating Dentists	Delta Dental Premier	Delta Dental EPO	Delta Dental EPO
No	No	Yes	Yes
	\$50		\$100
	\$150		\$300
	\$350		\$350
	\$700		\$700
	\$750		\$750
	No Maximum		

<sup>1</sup> Deductible is waived for diagnostic and preventative procedures.

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PLAN NAME	Altus Dental High Plan	Delta Dental Premier Family Enhanced*	Delta Dental EPO Family Enhanced*	Altus Dental Low Plan	Delta Dental Premier Family Value*	Delta Dental EPO Family Value*	Delta Dental Individual and Family EPO Basic Exclusive Network Plan*
<b>Type I services: Preventative &amp; Diagnostic Dental Co-Insurance percent (what you pay)</b>	All ages: In-network 0% Out-of-network 20%			All ages: In-network 0% Out-of-network 20%			All ages: In-network 0%; Out-of-network 100%
<b>For enrollees under 19 years</b>							
<b>Benefit</b>	<b>Standard Limits</b>	✓ mean that the limits are the standard limits or the equivalent					
Comprehensive Evaluation	1 per patient per location per lifetime	✓	✓	✓	✓	✓	✓
Periodic Oral Exams Oral Evaluation under 3 years of age Teeth cleaning	2 Procedures per patient per 12 months	✓	✓	✓	✓	✓	✓
Full Mouth X-Rays Panoramic X-Rays	1 Procedure per patient per 36 months	✓	✓	✓	✓	✓	✓
Single Tooth X-Rays	As Needed	✓	✓	✓	✓	✓	✓
Bitewing X-Rays	2 Procedures per patient per 12 months	✓	✓	✓	✓	✓	✓
Periodontal Cleaning	Not Covered						Not Covered
Fluoride Treatments	1 Procedure per 3 months	✓	✓	✓	✓	✓	✓
Space Maintainers	Covered	✓	✓	✓	✓	✓	✓
Sealants	1 Procedure per tooth per 36 months	✓	✓	✓	✓	✓	✓

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<b>For enrollees 19 years and over</b>								
Benefit	Standard Limits							
▪ Comprehensive Evaluation	1 per patient per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Periodic Oral Exams ▪ Teeth Cleaning	Once every 6 months	✓	✓	✓	✓	✓	✓	✓
▪ Full Mouth X-Rays ▪ Panoramic X-Rays	1 procedure per patient per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Bitewing X-Rays	Once every 6 months	✓	✓	✓	✓	✓	✓	✓
▪ Single Tooth X-Rays	Covered	✓	✓	✓	✓	✓	✓	✓
▪ Periodontal Cleaning	1 procedure per 3 months	✓	✓	✓	✓	✓	✓	✓
▪ Fluoride Treatments ▪ Space Maintainers ▪ Sealants		Not Covered			Not Covered			

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<b>Type II Services: Basic Restorative Services Co-Insurance percent (what you pay)</b>	In-network 25% Out-of-network 45%			In-network 25% Out-of-network 45%			In-network 60% Out-of-network 100%
<b>For enrollees under 19 years</b>							
Benefit	Standard Limits						
<ul style="list-style-type: none"> <li>Silver Fillings</li> <li>White Fillings<sup>2</sup></li> </ul>	1 procedure per tooth per surface per 12 months	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>Temporary Fillings</li> </ul>	1 procedure per tooth per 60 months	Not Covered	✓	✓	Not Covered	✓	✓
<ul style="list-style-type: none"> <li>Prefabricated Stainless Steel Crowns</li> </ul>	Four per patient per day	No Limit per day	✓	✓	No Limit per day	✓	✓
<ul style="list-style-type: none"> <li>Root canals on permanent teeth</li> <li>Apicoectomy</li> <li>Vital pulpotomy</li> </ul>	1 procedure per tooth per lifetime	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>Periodontal Scaling and Root Planing</li> </ul>	1 procedure per quadrant per 24 months	1 procedure per quadrant per 36 months	✓	✓	1 procedure per quadrant per 36 months	✓	✓
<ul style="list-style-type: none"> <li>Simple Extractions</li> <li>Surgical Extractions</li> </ul>	Covered	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>General Anesthesia</li> <li>Intravenous</li> <li>Conscious Sedation</li> </ul>	Allowed with covered surgeries	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>Minor Treatment for Pain Relief</li> </ul>	Covered	✓	✓	✓	✓	✓	✓

<sup>2</sup> Check with your provider for out-of-pocket costs prior to services.

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<b>For enrollees 19 years and over</b>								
Benefit	Standard Limits	In-network: 25% Out-of-network: 45%			In-Network: 25% Out-of-network: 45%			In-network: 70% Out-of-network: 100%
<ul style="list-style-type: none"> <li>▪ Silver Fillings</li> <li>▪ White Fillings<sup>3</sup></li> </ul>	1 procedure per tooth per surface per 24 months	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ Temporary Fillings</li> </ul>	1 procedure per tooth per 60 months	1 procedure per tooth per lifetime	✓	✓	1 procedure per tooth per lifetime	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ Periodontal Scaling and Root Planing</li> </ul>	1 procedure per quadrant per 24 months	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ Root canals on permanent teeth</li> <li>▪ Apicoectomy</li> </ul>	1 procedure per tooth per lifetime	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ Simple Extractions</li> <li>▪ Surgical Extractions</li> </ul>	Covered	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ General Anesthesia</li> <li>▪ Intravenous</li> <li>▪ Conscious Sedation</li> </ul>	Allowed with covered surgical procedures	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> <li>▪ Minor Treatment for Pain Relief</li> </ul>	3 occurrences in 12 months	Twice per year	✓	✓	Twice per year	✓	✓	✓

<sup>3</sup> Check with your provider for out-of-pocket costs prior to services.

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**Type III Services: Major Restorative Dental Co-Insurance Percent (what you pay)** ✓ means that the limits are the standard limits or the equivalent.

**For enrollees under 19 years**

Benefit	Standard Limits	In-network: 50% Out-of-network: 70%			In-network: 50% Out-of-network: 70%			In-network 60%; Out-of-network 100%
▪ Waiting Period	None	✓	✓	✓	✓	✓	✓	✓
▪ Crowns	1 procedure per tooth per 60 months	✓	✓	✓	✓	✓	✓	✓
▪ Partial & Complete Dentures	1 procedure per arch per 60 months	✓	1 procedure per arch per 84 months	1 procedure per arch per 84 months	✓	1 procedure per arch per 84 months	1 procedure per arch per 84 months	1 procedure per arch per 84 months
▪ Implants		Not Covered			Not Covered			

**For enrollees 19 years and over**

Benefit	Standard Limits	In-network: 50% Out-of-network: 70%			In-network: 100% Out-of-network: 100%			In-network 100%; Out-of-network 100%
▪ Waiting Period	6 months	✓	✓	✓	N/A	N/A	N/A	N/A
▪ Crowns	1 procedure per tooth per 60 months	1 procedure per tooth per 84 months	✓	✓	Not Covered	Not Covered	Not Covered	Not Covered
▪ Partial & Complete Dentures	1 procedure per tooth per 60 months	1 procedure per tooth per 84 months	✓	✓	Not Covered	Not Covered	Not Covered	Not Covered
▪ Implants		Not Covered			Not Covered			

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<b>Type IV Services: Orthodontia Co-Insurance percent (what you pay)</b>								
<b>For enrollees under 19 years</b>								
<b>Benefit</b>	<b>Standard Limits</b>	In-network: 50% Out-of-network: 70%			In-network: 50% Out-of-network: 70%			In-network 60% Out-of-network 100%
<ul style="list-style-type: none"> <li>Medically necessary orthodontia</li> </ul>	Prior authorization is required; 1 procedure per patient per lifetime	✓	✓	✓	✓	✓	✓	✓
<b>For enrollees 19 years and over</b>								
<b>Benefit</b>	<b>Standard Limits</b>	In-network: 100% Out-of-network: 100%			In-network: 100% Out-of-network: 100%			
<ul style="list-style-type: none"> <li>Medically necessary orthodontia</li> </ul>		Not Covered			Not Covered			
<b>Lock-Out Periods</b>								
A lock-out period occurs if you purchase a plan and then drop coverage. You cannot re-purchase the plan for the following amount of time:		24 months	12 months	12 months	24 months	12 months	12 months	12 months

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<b>Type IV Services: Orthodontia Co-Insurance percent (what you pay)</b>								
<b>For enrollees under 19 years</b>								
<b>Benefit</b>	<b>Standard Limits</b>	In-network 50% Out-of-network 70%			In-network 50% Out-of-network 70%			In-network 60% Out-of-network 100%
Medically necessary orthodontia	Prior authorization is required; 1 procedure per patient per lifetime							
<b>For enrollees 19 years and over</b>								
<b>Benefit</b>	<b>Standard Limits</b>	In-network 100% Out-of-network 100%			In-network 100% Out-of-network 100%			
Medically necessary orthodontia		Not Covered			Not Covered			
<b>Lock-Out Periods</b>								
A lock-out period occurs if you purchase a plan and then drop coverage. You cannot re-purchase the plan for the following amount of time:		24 months	12 months	12 months	24 months	12 months	12 months	12 months

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