

RESIG Delta Dental Plan Comparison Sheet
Active Employees and Retiree Rates
Effective October 1, 2023 through September 30, 2024*

| Plan Allowances | Services | \$1900/\$1500 Plan | | \$2400/\$2000 Plan | | \$2900/\$2500 Plan | |
|-----------------|-------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | | In-PPO Network | Out-of-PPO Network | In-PPO Network | Out-of-PPO Network | In-PPO Network | Out-of-PPO Network |
| Copayments | Diagnostic and Preventive | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% |
| | Basic | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% |
| | Crowns & Cast Restorations | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% | 70-100% |
| | Prosthodontics | 50% | 50% | 50% | 50% | 50% | 50% |
| | Child Only Orthodontics | 50% | 50% | 50% | 50% | 50% | 50% |
| Deductibles | Per patient per Calendar Year | N/A | N/A | N/A | N/A | N/A | N/A |
| | Per Family per Calendar Year | N/A | N/A | N/A | N/A | N/A | N/A |
| | D & P Exempt from Deductible | N/A | N/A | N/A | N/A | N/A | N/A |
| Maximums | Per patient per Calendar Year | \$ 1,900.00 | \$1,500 | \$ 2,400.00 | \$2,000 | \$ 2,900.00 | \$2,500 |

Rates

| | | Active Without Orthodontia | Active Without Orthodontia | Active Without Orthodontia |
|-------------------------|-------------------|-----------------------------|-----------------------------|-----------------------------|
| Active Rates (Monthly) | Employee Only | \$48.00 | \$51.00 | \$54.00 |
| | Employee + 1 | \$87.00 | \$93.00 | \$98.00 |
| | Employee + Family | \$126.00 | \$134.00 | \$141.00 |
| | Composite | \$111.00 | \$118.00 | \$124.00 |
| Retiree Rates (Monthly) | | Retiree Without Orthodontia | Retiree Without Orthodontia | Retiree Without Orthodontia |
| | Employee Only | \$63.00 | \$65.00 | \$70.00 |
| | Employee + 1 | \$112.00 | \$119.00 | \$125.00 |
| | Employee + Family | \$161.00 | \$171.00 | \$180.00 |

Orthodontic Rider Options

| Active Rates (Monthly) | | \$1900/\$1500 w/ \$500 Ortho. | \$2400/\$2000 w/ \$500 Ortho. | \$2900/\$2500 w/ \$500 Ortho. |
|------------------------|-------------------|--------------------------------|--------------------------------|--------------------------------|
| | Employee Only | \$57.00 | \$60.00 | \$64.00 |
| | Employee + 1 | \$102.00 | \$108.00 | \$114.00 |
| | Employee + Family | \$148.00 | \$157.00 | \$165.00 |
| | Composite | \$130.00 | \$139.00 | \$146.00 |
| Active Rates (Monthly) | | \$1900/\$1500 w/ \$1500 Ortho. | \$2400/\$2000 w/ \$1500 Ortho. | \$2900/\$2500 w/ \$1500 Ortho. |
| | Employee Only | \$61.00 | \$67.00 | \$94.00 |
| | Employee + 1 | \$105.00 | \$121.00 | \$170.00 |
| | Employee + Family | \$153.00 | \$176.00 | \$244.00 |
| | Composite | \$135.00 | \$156.00 | \$217.00 |
| Active Rates (Monthly) | | \$1900/\$1500 w/ \$2000 Ortho. | \$2400/\$2000 w/ \$2000 Ortho. | \$2900/\$2500 w/ \$2000 Ortho. |
| | Employee Only | \$62.00 | \$69.00 | \$97.00 |
| | Employee + 1 | \$108.00 | \$125.00 | \$174.00 |
| | Employee + Family | \$156.00 | \$181.00 | \$250.00 |
| | Composite | \$138.00 | \$160.00 | \$222.00 |
| Active Rates (Monthly) | | \$1900/\$1500 w/ \$2500 Ortho. | \$2400/\$2000 w/ \$2500 Ortho. | \$2900/\$2500 w/ \$2500 Ortho. |
| | Employee Only | \$64.00 | \$70.00 | \$99.00 |
| | Employee + 1 | \$110.00 | \$127.00 | \$176.00 |
| | Employee + Family | \$159.00 | \$183.00 | \$256.00 |
| | Composite | \$141.00 | \$161.00 | \$227.00 |

Under this plan, Delta Dental pays 70% of the allowed fees for covered basic, cast and crown benefits during the first year of enrollment. This percentage will increase 10% each year (up to a maximum of 100%) for each enrolled member, as long as the enrolled member visits the dentist at least once during the calendar year. If an enrolled member does not use the plan during a calendar year, the percentage level will remain at the level reached the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility (a break in coverage) the percentage will drop back to 70%.

In-PPO Network benefits are paid at the PPO dentist's allowed fee.

Out-of-PPO Network benefits are paid at the Premier dentist's allowed fee or the fee that satisfies a majority of Delta dentists.

Only the first 3 cleanings, fluoride treatments, or Single Procedures which include cleaning, or combination thereof, in any calendar year are Benefits while you are eligible under this plan.

Please refer to your Evidence of Coverage for limitations on these benefits. Some examples of limitations on services are the number of cleanings and/or exams covered in a calendar year, and time limitations on filling and crown replacements. Note: Delta dentists are paid on a different fee base than non-Delta dentists. This may result in higher out-of-pocket costs to you when you visit a non-Delta dentist.

Rate reduction and plan enhancement effective 10/1/2023 pending Joint Powers Board approval on June 15, 2023