

YOUR DENTAL BENEFITS

Prepared for the employees of Prevea Clinic, Inc

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

| | Basic Plan | Standard Plan | Plus Plan |
|--|---|---|---|
| | Delta Dental PPO™ Delta Dental Premier® or Out-of-Network** | Delta Dental PPO™ Delta Dental Premier® or Out-of-Network** | Delta Dental PPO™ Delta Dental Premier® or Out-of-Network** |
| Individual Annual Maximum | \$1,000 | \$1,250 | \$1,250 |
| Deductible - Ind./Family | \$50/\$150 | \$50/\$150 | \$50/\$150 |
| Diagnostic & Preventive Exams (2x/year) Cleanings (2x/year) Fluoride treatments (2x/year to age 19) X-rays (bitewings every 12 months & full mouth every 5 years) Space maintainers Sealants (once per tooth to age 19) | 100% | 100% | 100% |
| Basic Services Emergency treatment to relieve pain Fillings (silver & composite) Root canals Treatment of gum disease Extractions (surgical & non-surgical) Repairs & adjustments to bridges & dentures | 50%* | 80%* | 80%* |
| Major Services Crowns, inlays, onlays Bridges & dentures Implants | No coverage | No coverage | 50%* |
| Orthodontic Services Coverage copayment Adults & dependents to age 26 | No coverage | No coverage | 50% \$1,000 Lifetime Maximum |
| EBICP*** | Yes | Yes | Yes |
| CheckUp Plus**** | Yes | Yes | Yes |
| Dependent Eligibility | Dependents are covered to age 26 | | |
| 2024 Bi-weekly Premiums | | | |
| Employee | \$10.60 | \$14.59 | \$23.56 |
| Employee + 1 | \$26.85 | \$35.37 | \$57.00 |
| Family | \$36.04 | \$47.75 | \$71.65 |

* Deductible applies with Premier and Out-of-Network providers

** When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

*** Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

**** CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.