

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 |
| Special Health Care Needs Benefit | Yes | Yes | Yes |
| Dependent Eligibility | Dependents are covered to age 26 | | |
| 2026 Bi-weekly Premiums | | | |
| Employee | \$10.86 | \$14.96 | \$24.15 |
| Employee + 1 | \$27.52 | \$36.26 | \$58.43 |
| Family | \$36.94 | \$48.95 | \$73.44 |

*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.

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.

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

Special Health Care Needs Benefit (SHCNB) allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at deltadentalwi.com/SHCNB.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.