

## Plan Facts

Dental Carrier: Delta Dental	deltadentaloh.com	800.524.0149
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## Cost

	Basic	Comprehensive
<b>Weekly Plan Price</b>		
Partner Only	\$3.12	\$6.51
Partner + Spouse	\$8.10	\$16.91
Partner + Child(ren)	\$7.94	\$16.59
Partner + Family	\$9.19	\$19.19

## Coverage

General Dental Expenses	Basic	Comprehensive
Annual deductible	<b>PPO and Premier Providers</b> \$25 Individual; \$75 Family <b>Out of Network Providers</b> \$50 Individual; \$150 Family	<b>PPO and Premier Providers</b> \$50 Individual; \$150 Family <b>Out of Network Providers</b> \$100 Individual; \$200 Family
Deductible waived for preventive/diagnostic care	Yes; Deductible is also waived for harmful habit appliances	Yes; Deductible is also waived for orthodontics
Annual maximum coverage per person	<b>PPO and Premier</b> \$1,250 <b>Out of Network</b> \$1,000	<b>PPO and Premier</b> \$1,250 <b>Out of Network</b> \$1,250
Pretreatment estimate (recommended)	<b>PPO and Premier</b> \$200 <b>Out of Network</b> \$200	<b>PPO and Premier</b> \$200 <b>Out of Network</b> \$200
Exclusions/limitations	Check with Plan	Check with Plan

## Preventive Care

Primary covered preventive services	<b>PPO and Premier</b> Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance <b>Out of Network</b> Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance	<b>PPO and Premier</b> Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance <b>Out of Network</b> Exams, cleanings, fluoride, space maintainers, x-rays, sealants, brush biopsy, emergency palliative, harmful habit appliance
Preventive care benefits	<b>PPO Providers</b> 100% covered <b>Premier Providers</b> 70% <b>Out of Network</b> 70% covered; subject to Reasonable & Customary limits	<b>PPO Providers</b> 100% covered <b>Premier Providers</b> 90% <b>Out of Network</b> 90% covered; subject to Reasonable and Customary limits

Annual service limits--preventive care	<b>PPO and Premier</b> Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply	<b>PPO and Premier</b> Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply
	<b>Out of Network</b> Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply	<b>Out of Network</b> Exams and cleanings; limited to 2 per year; check with Plan for additional details; frequency and age limitations apply
<b>Basic Services</b>		
Fillings	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Routine extractions	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary Limits	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible is met <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Periodontics	<b>PPO Provider</b> 80% after deductible <b>Premier Provider</b> 60% covered after deductible <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% after deductible <b>Premier Provider</b> 70% after deductible <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Gingivoplasty or gingivectomy	<b>PPO Provider</b> 80% after deductible <b>Premier Provider</b> 60% covered after deductible <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% after deductible <b>Premier Provider</b> 70% after deductible <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Emergency treatment for dental pain	<b>PPO Provider</b> 100% covered <b>Premier Provider</b> 70% covered <b>Out of Network</b> 70% covered; subject to Reasonable & Customary limits	<b>PPO Provider</b> 100% covered <b>Premier Provider</b> 90% covered <b>Out of Network</b> 90% covered; subject to Reasonable & Customary limits
Annual service limits--basic services	<b>PPO and Premier</b> Check with Plan for any frequency and age limitations that may apply <b>Out of Network</b> Check with Plan for any frequency and age limitations that may apply	<b>PPO and Premier</b> Check with Plan for any frequency and age limitations that may apply <b>Out of Network</b> Check with Plan for any frequency and age limitations that may apply
<b>Major Services</b>		
Endodontics (root canal therapy)	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible <b>Out of Network</b> 40% covered after deductible
Inlays/Onlays	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible <b>Out of Network</b> 40% covered after deductible
Crowns	<b>PPO and Premier</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible is met

Crowns (cont)	<b>Out of Network</b> Not covered	<b>Out of Network</b> 40% covered after deductible is met
Dentures	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible is met <b>Out of Network</b> 40% covered after deductible is met
Bridges	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible is met <b>Out of Network</b> 40% covered after deductible is met
Implants	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered after deductible is met <b>Out of Network</b> 40% covered after deductible is met
Osseous surgery	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible <b>Out of Network</b> - 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible <b>Out of Network</b> - 60% covered after deductible; subject to Reasonable and Customary limits
Bruxism	Occlusal Guard – Once per lifetime <b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible. <b>Out of Network</b> – 30% covered after deductible is met; Subject to Reasonable and Customary limits	Occlusal Guard – Once per lifetime <b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible. <b>Out of Network</b> – 60% covered after deductible is met; Subject to Reasonable and Customary limits
Oral surgery	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible is met <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Anesthesia for dental care	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 60% covered after deductible is met <b>Out of Network</b> 30% covered after deductible; subject to Reasonable and Customary limits	<b>PPO Provider</b> 80% covered after deductible <b>Premier Provider</b> 70% covered after deductible is met <b>Out of Network</b> 60% covered after deductible; subject to Reasonable and Customary limits
Annual service limits--major services	<b>PPO and Premier</b> Check with Plan for any frequency and age limitations that may apply <b>Out of Network</b> Check with Plan for any frequency and age limitations that may apply	<b>PPO and Premier</b> Check with Plan for any frequency and age limitations that may apply <b>Out of Network</b> Check with Plan for any frequency and age limitations that may apply
<b>Orthodontia Services</b>		
Primary covered orthodontia services	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> Any service related with orthodontic treatment; all types of active appliances <b>Out of Network</b> Any service related with orthodontic treatment; all types of active appliances
Coverage available for child? Adult?	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> Child only; limited to under age 19 <b>Out of Network</b> Child only; limited to under age 19

Start-up fees	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> Covered with Orthodontia treatment plan <b>Out of Network</b> Covered with Orthodontia treatment plan
Orthodontia benefits	<b>PPO and Premier</b> Not covered <b>Out of Network</b> Not covered	<b>PPO and Premier</b> 50% covered <b>Out of Network</b> 50% covered; subject to Reasonable and Customary limits
Service limits and maximums--orthodontia	<b>PPO and Premier</b> Not applicable <b>Out of Network</b> Not applicable	<b>PPO and Premier</b> Limited to \$1,500 per lifetime <b>Out of Network</b> Limited to \$1,500 per lifetime

The comparison charts are compiled using information that applies to a large number of health plan users and is commonly reported by the health plans. Depending on the chart type, such as charts for dental and vision plans, certain information and/or sections won't appear because the necessary data isn't available. If you have questions about a topic that isn't covered in the charts, contact the plan's member services department for additional information. Cintas Corporation is not responsible for the accuracy of this information. If there is a discrepancy between the information displayed on these charts and the official plan documents, the official plan documents will control. Cintas Corporation reserves the right to amend, suspend, or terminate the plan(s) or program(s) at any time.