

COBRA PARTICIPANT DENTAL PLANS & RATES

EFFECTIVE DATE: 1/01/2023 THRU 12/31/2023

Who's Eligible: <i>Primary enrollee, spouse, eligible dependent children to age 26 (options 1 & 2), eligible dependent childrent to age 25 (option3)</i>	Delta Dental-Option #1		Delta Dental-Option #2		DeltaCare-Option #3
	In-Net	Out-Net	In-Net	Out-Net	In-Network Only
Dental Network	PPO	PPO	PPO / Premier	80th	DeltaCare HMO Schedule 48N
Dental Networks - Payment Basis					No Plan Year Maximum
Plan Year Maximum	\$1,000 <i>per covered member</i>		\$1,500 <i>per covered member</i>		Office Visit \$5 copay
Deductible (Per Member/Per Family) <i>Per Calendar Year</i>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	D&P \$0 - \$45 copay
Diagnostic & Preventive Svc (D&P)	100%	100%	100%	100%	None
> D&P Services Waiting Period	None	None	None	None	No Plan Year Deductible
Deductible Waived for D&P	Yes	Yes	Yes	Yes	No Plan Year Maximum
Annual Max Waived for D&P	No	No	No	No	\$0 - \$115 copay
Basic Service	80%	60%	80%	80%	None
> Basic Services Waiting Period	None	None	None	None	\$0 - \$485 copay
Major Services	50%	40%	50%	50%	None
> Major Services Waiting Period	None Re-enrollment is not applicable. Employees can enroll during OE period.		None Re-enrollment is not applicable. Employees can enroll during OE period.		Re-enrollment is not applicable. Employees can enroll during OE period.
Orthodontics - 3 Treatment Levels	Not Covered		Child Only		Adult and Child
Lifetime Ortho Max	N/A		\$1,000		Copayment
Annual Ortho Max (2 yr benefit)	N/A		N/A		\$2100 child \$2250 Adult
Exams/cleanings/bite-wing x-rays	100%	100%	100%	100%	DeltaCare HMO Schedule 48N
Oral Surgery	80%	60%	80%	80%	
Non-Surgical Periodontics	80%	60%	80%	80%	
Surgical Periodontics	80%	60%	80%	80%	
Space Maintainers	100%	100%	100%	100%	
General Anesthesia	80%	60%	80%	80%	
Endodontics (Root Canal)	80%	60%	80%	80%	
Perio Maintenance (4910)	80%	60%	80%	80%	
Crowns, Bridges, Inlays, Onlays	50%	40%	50%	50%	
Implants	Covered		Covered		
COBRA RATES	Monthly		Monthly		Monthly
COBRA Participant Only	\$ 25.36		\$ 30.31		\$12.93
COBRA Participant & Spouse	\$ 53.24		\$ 63.67		\$22.64
COBRA Participant & Children	\$ 53.75		\$ 64.28		\$27.19
COBRA Participant & Family	\$ 89.13		\$ 106.58		\$38.17
Option #2	Delta Dental PPO dentist are paid on the PPO fee schedule Delta Dental Premier dentist are paid on the Max. Plan Allowance Non Delta Dentist (out of network) are paid up to the 80th percentile				
Note: Option# 2 - the out-of-network benefits are increased for those seeking services from a Premier provider and Diagnostic and Preventive Services are covered at 100%					