2022 Dental Plans At-a-Glance

The chart below summarizes what you will pay for in-network dental care. If you elect Delta Dental Standard or Delta Dental Plus and receive services from non-network dentists, the plan pays your full requested reimbursement or Delta Dental's non-network dentist fee, whichever is less. Willamette Dental does not pay benefits if you see non-network providers.

<table>
<tr><th>DELTA DENTAL</th><th>DELTA DENTAL STANDARD</th><th>DELTA DENTAL PLUS</th><th colspan="2">WILLAMETTE DENTAL</th></tr>
<tr><td colspan="3">Annual Deductible and Annual Maximum</td><td colspan="2">Annual Deductible and Annual Maximum</td></tr>
<tr><td>Individual</td><td>$25</td><td>$50</td><td>Annual Deductible</td><td>$0</td></tr>
<tr><td>Family</td><td>$75</td><td>$150</td><td>General & Orthodontic Office Visit</td><td>$20 copay</td></tr>
<tr><td>Annual Maximum Benefit Per Person, Excluding Orthodontia</td><td>$1,000</td><td>$1,500</td><td>Annual Maximum</td><td>None</td></tr>
<tr><td colspan="3">Class I Benefits</td><td colspan="2">Diagnostic & Preventative Services</td></tr>
<tr><td>• Preventive Care
• Diagnostic Care
• X-Rays</td><td colspan="2">Plan Pays 100%</td><td rowspan="3">• Routine & Emergency Exams
• Head & Neck Cancer Screening
• X-Rays
• Teeth Cleaning
• Fluoride Treatment
• Sealants (Per Tooth)
• Oral Hygiene Instruction
• Periodontal Charting
• Periodontal Evaluation</td><td rowspan="3">Covered with Office Visit Copay</td></tr>
<tr><td colspan="3">Class II Benefits</td></tr>
<tr><td>• Oral Surgery
• Endodontic Care
• Periodontal Care (including perio cleaning)
• Minor Restorative Services</td><td>25% of maximum allowance after deductible</td><td>20% of maximum allowance after deductible</td></tr>
<tr><td colspan="3">Class III Benefits</td><td colspan="2">Restorative Dentistry</td></tr>
<tr><td rowspan="2">• Major Restorative Services
• Prosthodontics</td><td rowspan="2">55% of maximum allowance after deductible</td><td rowspan="2">45% of maximum allowance after deductible</td><td>• Fillings</td><td>Covered with Office Visit Copay</td></tr>
<tr><td>• Porcelain-Metal Crown</td><td>$200 copay</td></tr>
</table>

Class IV Benefits			**Prosthodontics**	
Adult, Child Orthodontia (Covered services only include those started when coverage under the plan begins)	N/A	50% up to a lifetime maximum benefit of $1,500 per person	• Root Canal Therapy	$75 - $150 Copay
			• Osseous Surgery (Per Quadrant)	$150 Copay
			• Root Planing (Per Quadrant)	$60 Copay
			Oral Surgery	
			• Routine Extraction (Single)	Covered with Office Visit Copay
			• Surgical Extraction	$75
			Orthodontia Treatment	
			• Pre-Orthodontia Treatment	$150 Copay (Copay Credited Toward Comprehensive Orthodontia Treatment)
			• Comprehensive Orthodontia Treatment	$1,500 Copay
			Restorative Dentistry	
			Fillings	Covered with Office Visit Copay
			Porcelain-Metal Crown	$200
			Miscellaneous	
			• Local Anesthesia	Covered with Office Visit Copay
			• Dental Lab Fees	Covered with Office Visit Copay
			• Nitrous Oxide	$40
			• Specialty Office Visit	$30
			• Out-of-Area Emergency Care	You pay charges in excess of $100