

Your Two Plan Options

Choosing between the Delta Dental PPOSM and DeltaCare[®] USA plans



| Plan Features | Delta Dental PPO (Indemnity Plan) 800-765-6003 | DeltaCare USA HMO (Prepaid Plan) 800-422-4234 |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Administered by Delta Dental of California Group #02584 deltadentalins.com | Administered by DeltaCare USA Group #75643 deltadentalins.com |
| Dentist Network | Freedom to choose any licensed dentist, anywhere in the world, each time you or a family member requires treatment; selecting a PPO dentist will usually result in the lowest out-of-pocket costs. No referral required for specialty care. | You select a dentist from a list of network dental facilities, and you must visit your assigned DeltaCare USA network dentist (primary care dentist) to receive benefits. Easy referrals to a large specialty care network (employee must be referred by assigned dentist). |
| Coverage | Employees incur the lowest out-of-pocket costs when services are received from a Delta Dental PPO network dentist. Greater costs may be incurred when services are provided by a Delta Dental Premier [®] dentist or non-Delta Dental dentist. Basic benefits and routine services are generally paid at 85% when covered. No exclusions for pre-existing conditions or missing teeth. | Most diagnostic and preventive services are covered at 100%. When there is a copay, enrollees pay a fixed amount for each covered dental procedure. See dental plan copayment booklet. No exclusions for pre-existing conditions or missing teeth. |
| General Cleanings/Exams | General cleanings/exams are allowed twice in a calendar year. Covered at 100% if provided by a Delta Dental PPO dentist. Covered at 85% when provided by a Delta Dental Premier or non-Delta Dental dentist. | General cleanings/exams are allowed twice in a calendar year at no cost. Two additional cleanings are available in the same calendar year for \$45 copay per cleaning. |
| Teeth Whitening | Not covered. | Teeth whitening (external bleaching – per arch) is covered at \$125 per arch when accessed from your primary care dentist. |
| Crowns & Bridges | Crowns are covered at 85%. Bridges covered at 65% if provided by a Delta Dental PPO dentist and at 60% when provided by a Delta Dental Premier or non-Delta Dental dentist. | When there is a copay, enrollees pay a fixed amount for each covered dental procedure. See dental plan copayment booklet. |
| Orthodontics | Must be medically necessary. Pays 60% up to a lifetime maximum amount of \$2,000 per covered person | Orthodontic takeover provision for enrollees who have started orthodontic treatment under another dental HMO or fee-for-service plan (this extends to new employees). Refer to the Evidence of Coverage for details. The patient will be responsible for a copayment of \$1,000 for medically and non-medically necessary orthodontia Coverage is limited to once per eligible member per lifetime. |
| Nightguards | Not covered. | Nightguards are covered at a copay of \$95 when accessed from your primary care dentist. |
| Out-of-area Coverage | Can visit any licensed dentist. | Out-of-area (35 or more miles from assigned network dentist) emergency care allowance up to \$100 per incident. |
| Maximums | \$1,500 | No annual deductible and no annual dollar maximums on general services. |

WE KEEP YOU SMILING®

Why do 60 million enrollees trust their smiles to Delta Dental?*

- More dentists
- Simpler process
- Less out-of-pocket

Product administration

Delta Dental PPOSM is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California, PA, MD – Delta Dental of Pennsylvania, NY – Delta Dental of New York, Inc., DE – Delta Dental of Delaware, Inc., WV – Delta Dental of West Virginia. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

DeltaCare[®] USA is underwritten in these states by these entities: AL – Alpha Dental of Alabama, Inc.; AZ – Alpha Dental of Arizona, Inc.; CA – Delta Dental of California; AR, CO, IA, MI, NC, OR, RI, SC, WA, WI – Dentegra Insurance Company; DC, DE, FL, GA, KS, TN and WV – Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX – Alpha Dental Programs, Inc.; NV – Alpha Dental of Nevada, Inc.; UT – Alpha Dental of Utah, Inc.; NM – Alpha Dental of New Mexico, Inc.; NY – Delta Dental of New York; PA – Delta Dental of Pennsylvania; VA – Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Please refer to your plan booklet for waiting periods and a list of benefits, limitations and exclusions.

*Delta Dental of California, Delta Dental of Pennsylvania and Delta Dental Insurance Company, together with our affiliate companies and Delta Dental of New York, are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to more than 60 million people in the U.S.

Eligible family members

For both plans:

Legal spouse or domestic partner. Unmarried children under age 19 or to age 24 if FULL-TIME student and qualified as dependent under IRS Codes; or unmarried children incapable of self-support due to mental retardation or physical handicap. Proof of student status must be provided to Human Resources each year during Open Enrollment, beginning with year in which the dependent child turns 19 years of age. Proof of incapacity for self-support is required at age 19.

Continuation of benefits (COBRA)

For both plans:

May continue under COBRA if certain requirements are met. You may opt to continue dental coverage under the City's plans by paying the entire premium each month, plus an administration fee. You must apply within 60 days of your loss of coverage.

| City Of San Jose Sample Patient Cost | | | | |
|-----------------------------------------|----------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------|
| Procedure | DeltaCare USA HMO | Delta Dental PPO Plan | | |
| | | Delta Dental PPO (PPO Network) | Delta Dental Premier (Out-of-PPO Network) | Non-Delta Dental Provider (Out-of-PPO Network) |
| <u>Cleanings</u> | | | | |
| Estimated Usual Fee | \$ 85.00 | \$ 85.00 | \$ 85.00 | \$ 90.00 |
| Delta Allowed Fee | NA | \$ 71.00 | \$ 85.00 | \$ 73.00 |
| Delta Dental Pays | NA | \$ 71.00 | \$ 72.25 | \$ 62.05 |
| Patient Pays | -0- | -0- | \$ 12.75 | \$ 27.95 |
| <u>Filling (2 Surface Silver)</u> | | | | |
| Estimated Usual Fee | \$ 135.00 | \$ 135.00 | \$ 135.00 | \$ 150.00 |
| Delta Allowed Fee | NA | \$ 69.00 | \$ 135.00 | NA |
| Delta Dental Pays | NA | \$ 58.65 | \$ 114.75 | \$ 100.00 |
| Patient Pays | -0- | \$ 10.35 | \$ 20.25 | \$ 50.00 |
| <u>Crown with Base Metal</u> | | | | |
| Estimated Usual Fee | \$ 850.00 | \$ 850.00 | \$ 850.00 | \$ 900.00 |
| Delta Allowed Fee | NA | \$ 595.00 | \$ 850.00 | NA |
| Delta Dental Pays | NA | \$ 505.75 | \$ 722.50 | \$ 680.00 |
| Patient Pays | \$ 75.00 | \$ 89.25 | \$ 127.50 | \$ 220.00 |
| <u>Child Orthodontia</u> | | | | |
| Estimated Usual Fee | \$4,500.00 | \$4,500.00 | \$4,500.00 | \$5,500.00 |
| Delta Allowed Fee | NA | \$3,400.00 | \$4,500.00 | \$4,500.00 |
| Delta Dental Pays | NA | \$2,000.00 | \$2,000.00 | \$2,000.00 |
| Patient Pays* | \$1,000.00 | \$1,400.00 | \$2,500.00 | \$3,500.00 |

* The DeltaCare USA HMO plan covers medically necessary and non-medically necessary orthodontia at the same cost to the employee (\$1,000).

The Delta Dental PPO plan only extends orthodontia coverage when medically necessary.

These samples are based on typical charges in the San Francisco East Bay. Individual dentist's charges will vary.

| Delta Dental Customer Service | DeltaCare Customer Service |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 100 First Street San Francisco, CA 94105 For claim and benefit inquiries, call toll-free: 800-765-6003 | P.O. Box 1803 Alpharetta, GA 30023 For claim and benefit inquiries, call toll-free: 800-422-4234 |