
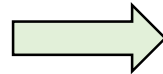


ORU & Delta Dental: Plan Overviews

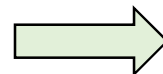
	BASE PLAN			BUY-UP PLAN		
	PPO	Premier	Non-Par	PPO	Premier	Non-Par
Class I Services:	100%	100%	100%	100%	100%	100%
Class II Services:	80%	80%	50%	90%	90%	80%
Class III Services:	60%	60%	25%	60%	60%	50%
Deductible: (Individual/Family)	PPO & Premier Provider		Out-of-Network Provider	All Providers		
	\$50/\$150		\$100/\$300	\$50/\$150		
Maximum:	\$2000			\$2000		

BASE PLAN SAVINGS EXAMPLES:



Delta Dental PPO Participating Dentist		Delta Dental Premier Participating Dentist		Non-Participating Dentist (Out-Of-Networks)	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan Pays (80% of Delta Dental PPO Allowable)	\$56	Plan Pays (80% of Delta Dental Premier Allowable)	\$68	Plan Pays (50% of Prevailing Fee)	\$37.50
You Pay*	\$14	You Pay*	\$17	You Pay*	\$62.50
*20% of Delta Dental PPO Allowable		*20% of Delta Dental Premier Allowable		*Balance of the Dentist Charge	

BUY-UP PLAN SAVINGS EXAMPLES:



Delta Dental PPO Participating Dentist		Delta Dental Premier Participating Dentist		Non-Participating Dentist (Out-Of-Networks)	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan Pays (90% of Delta Dental PPO Allowable)	\$63	Plan Pays (90% of Delta Dental Premier Allowable)	\$76.50	Plan Pays (80% of Prevailing Fee)	\$60
You Pay*	\$7	You Pay*	\$8.50	You Pay*	\$40
*10% of Delta Dental PPO Allowable		*10% of Delta Dental Premier Allowable		*Balance of the Dentist Charge	