

## Delta Dental plan

Percentages shown represent the amount the plan pays after you meet the deductible (unless otherwise noted). You pay the remaining percentage (your coinsurance). Under the Delta Dental plan, PPO and Premier network dentists cannot charge you amounts above the allowed fee. Non-Delta dentists are paid up to the usual, customary, and reasonable (UCR) maximum.

The plan includes the SmileWay wellness benefit, which provides 100% covered additional teeth and gum cleanings throughout the year if you've been diagnosed with a chronic medical condition and are at a high risk for advanced tooth decay.

To help your coverage go further, preventive care services do not count toward your annual maximum.

### General provisions

| Plan provisions               | Delta Dental plan   |                  |                                 |
|-------------------------------|---|------------------|---------------------------------|
|                               | PPO dentists  | Premier dentists | Non-Delta dentists <sup>1</sup> |
| <b>Provider choice</b>        | <p>You may use any licensed dentist; however, your out-of-pocket costs will be lower when you use Premier dentists and the lowest when you use PPO dentists.</p> <p>If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.</p> |                  |                                 |
| <b>Annual deductible</b>      | <p>\$50 individual<br/>\$150 family</p>   |                  |                                 |
| <b>Annual benefit maximum</b> | <p>\$2,500 per calendar year</p>  |                  |                                 |

### Covered services

| Plan provisions   | Delta Dental plan   |   |   |
|---|---|---|---|
|   | PPO dentists  | Premier dentists  | Non-Delta dentists  |
| <b>Diagnostic and preventive care</b>                             | Plan pays 100%, no deductible   | Plan pays 100%, no deductible   | Plan pays 100%, no deductible   |
| <b>Basic care<sup>1</sup></b>                                     | Plan pays 90%   | Plan pays 80%   | Plan pays 80%   |
| <b>Major care<sup>1</sup></b>                                     | Plan pays 60%   | Plan pays 50%   | Plan pays 50%   |
| <b>Orthodontic treatment<sup>2</sup></b><br>(adults and children) | <p>Plan pays 50%</p> <p>Benefits limited to \$2,500 per lifetime per individual</p> | <p>Plan pays 50%</p> <p>Benefits limited to \$2,500 per lifetime per individual</p> | <p>Plan pays 50%</p> <p>Benefits limited to \$2,500 per lifetime per individual</p> |

<sup>1</sup> Plan pays up to the usual, customary, and reasonable (UCR) maximum.

<sup>2</sup> The deductible is applied once at the start of a new treatment plan.

## VSP vision plans

While you receive the best overall benefits when seeing VSP network doctors, you also have access to VSP retail chain affiliate partners, including Costco Optical, Walmart, and Sam's Club. You can search for network providers and affiliate providers using the provider search on [vsp.com](https://vsp.com). If you don't wear prescription glasses or already have your prescription glasses, the vision plans offer an enhanced LightCare benefit, which allows you to use your frame allowance with VSP providers and affiliate providers for ready-to-wear, non-prescription blue-light-filtering glasses or non-prescription sunglasses.

| Plan provisions                           | VSP plan   |   |   |
|---|--|---|---|
|   | Vision Plus plan   | Vision Basic plan   | Non-VSP provider  |
| <b>Exam</b>                               | 100% every calendar year   | 100% every calendar year  | Plan pays up to \$50 every calendar year                      |
| <b>Optomap retinal screening</b>          | \$25 copay   | \$39 copay  | Plan pays up to \$50  |
| <b>Lenses (pair)</b>                      | Subject to plan limits; plan pays every calendar year  | Subject to plan limits; plan pays every calendar year   | Plan pays up to:  |
| Single-vision                             | 100%   | 100%  | \$50  |
| Lined bifocal                             | 100%   | 100%  | \$75  |
| Lined trifocal                            | 100%   | 100%  | \$100   |
| Standard progressive                      | 100%   | 100%  | \$85  |
| Premium progressive                       | 100%   | \$80–\$90 copay   | \$85  |
| Custom progressive                        | 100%   | \$120–\$160 copay   | \$85  |
| Blue-light-blocking coating               | 100%   | 100%  | Not covered   |
| Anti-glare coating                        | \$0 copay  | \$0 copay   | Not covered   |
| <b>Frames</b>                             | Plan pays up to \$250 every calendar year (\$135 allowance at Costco, Walmart, and Sam's Club)   | Plan pays up to \$150 every 2 years (\$80 allowance at Costco, Walmart, and Sam's Club)   | Plan pays up to \$70 every 2 years (Basic), every year (Plus) |
| <b>LightCare benefit</b>                  | Plan pays up to \$250 every calendar year for ready-made non-prescription sunglasses or select, non-prescription blue-light-filtering glasses instead of prescription glasses  | Plan pays up to \$150 every 2 years for ready-made non-prescription sunglasses or select, non-prescription blue-light-filtering glasses instead of prescription glasses                             | Not covered   |
| <b>Contact lenses</b>                     | Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed \$60. \$250 lens allowance every calendar year (in lieu of lenses and frames).  | Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed \$60. \$150 lens allowance every calendar year (in lieu of lenses and frames). | Plan pays up to \$150 every calendar year                     |
| <b>Second pair of glasses or contacts</b> | Covered, subject to the same allowance as the first pair   | Not covered   | Not covered   |
| <b>Diabetic Eyecare Plus program</b>      | Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. \$20 copay. Ask your VSP doctor for details.   |   |   |
| <b>Additional benefits</b>                | When you use VSP providers, you receive 40% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam or 20% off from any VSP doctor within 12 months. Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/specialoffers">vsp.com/specialoffers</a> for details. Laser vision correction: Generally 15% off the regular price or 5% off the promotional price from contracted facilities. |   |   |