

## 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>
Provider choice	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.  If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.		
Annual deductible	\$50 individual \$150 family		
Annual benefit maximum	\$2,500 per calendar year		

### Covered services

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

<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. However, coverage with a retail chain may be different or not apply. 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 network 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>Routine retinal screening</b>	\$25 copay	\$39 copay	Not covered
<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	\$15 copay	\$15 copay	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 non-prescription blue-light-filtering glasses instead of prescription glasses or contacts	Plan pays up to \$150 every 2 years for ready-made non-prescription sunglasses or non-prescription blue-light-filtering glasses instead of prescription glasses or contacts	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	Covered, subject to the same allowance as the first pair
<b>Essential medical eyecare</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.		