

| <b>Dental Benefits</b>  |   |   |   |
|---|---|---|---|
|   | <b>MetLife Dental</b>                                       | <b>Cigna Dental</b>   |   |
|   | <b>PDP Plus</b>   | <b>Basic Dental PPO</b>   | <b>Dental &amp; Orthodontia PPO</b>   |
| <b>Annual DPPO &amp; Out-of-Network Deductible</b>  | \$50 per person<br>\$150 per family                         | \$50 per person<br>\$150 per family<br>(No deductible for DPPO Advantage providers) | \$25 per person<br>\$75 per family<br>(No deductible for DPPO Advantage providers)              |
| <b>Preventive &amp; Diagnostic Services (e.g., oral exams, cleanings, x-rays, emergency care to relieve pain)</b> | You pay \$0<br><br>(not subject to annual deductible)       | You pay \$0<br><br>(not subject to annual deductible)                               | You pay \$0<br><br>(not subject to annual deductible)   |
| <b>Basic Restorative Care</b>   | You pay 20% coinsurance after deductible                    | You pay 15% coinsurance after deductible  | You pay 15% coinsurance after deductible  |
| <b>Major Restorative Services</b>   | You pay 50% coinsurance after deductible                    | You pay 50% coinsurance after deductible  | You pay 15% coinsurance after deductible  |
| <b>Orthodontia</b>  | \$1,000 individual lifetime limit for children up to age 19 | Not covered   | You pay 50% coinsurance up to the individual lifetime benefit limit of \$1,500 after deductible |
| <b>Annual Benefit Maximum</b>   | \$1,500   | \$2,000   | \$2,000   |

*This chart is a general description & is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart & the official Plan documents, the official Plan documents will govern.*