WRITERS' GUILD – INDUSTRY HEALTH FUND Dental Benefits Summary

	DELTA PREFERRED OF	DELTACARE		
	DPO PROVIDER	DELTA DENTAL PROVIDER (NOT PART OF DPO NETWORK)	NON-NETWORK PROVIDER	DHMO ^{1,2}
PLAN FEATURES				
Calendar-Year Deductible	\$75/person or \$150/family (doesn't apply to diagnostic and preventive services)	\$75/person or \$150/family (doesn't apply to diagnostic and preventive services)	\$75/person or \$150/family (doesn't apply to diagnostic and preventive services)	None
Plan Maximum - Diagnostic, Preventive, Basic and Major Services	\$2,500/calendar year ³	\$2,500/calendar year	\$2,500/calendar year	None
- Orthodontia	Coverage for children up to the age 19	Coverage for children up to the age 19	Coverage for children up to the age 19	
PLAN BENEFITS				
Diagnostic and Preventive Benefits	100% of DPO-approved fee (no deductible applies)	80% of Delta-approved fee (no deductible applies)	80% of Delta-approved fee; you pay remaining 20% plus fees above approved amount	100%
Basic and Major Benefits	80% of DPO-approved fee	70% of Delta-approved fee	70% of Delta-approved fee; you pay remaining 30% plus fees above approved amount	100%
Orthodontia Benefits	70% of DPO-approved fee (Coverage for children up to age 19) ⁴	70% of Delta-approved fee (Coverage for children up to age 19) ⁴	70% of Delta-approved fee (Coverage for children up to age 19) ⁴	Up to age 19: 100% after \$350 start-up fee; \$1,600 copay (for 24 months of standard orthodontia treatment; additional fee may apply after 24 months)
				Adults and dependents 19-26 years of age: 100% after \$350 start-up fee; \$1,800 copay (for 24 months of standard orthodontia treatment; additional fee may apply after 24 months)

Services received from a non-DeltaCare dentist are not covered, except in an emergency while out of town (i.e., more than 35 miles from a DeltaCare dental office).

The plan will reimburse up to \$100 of non-network emergency dental care each year.

³ Plan maximum annual dollar limit does not apply to dependent children under the age of 18.

⁴ Up to age 19 with a \$25 deductible.

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	DPO PROVIDER	DELTA DENTAL PROVIDER (NOT PART OF DPO NETWORK)	NON-NETWORK PROVIDER	DHMO ^{1,2}
Dental Work Performed by a Pedodontist ⁵	Percentage of approved fee varies based on type of service	Percentage of approved fee varies based on type of service	Percentage of approved fee varies based on type of service	Pedodontic referrals must be pre-authorized by DeltaCare. - Up to age 4: 100% of approved fee, minus any applicable copays - Age 4 and older: 50% of approved fee, minus any applicable copays

IMPORTANT!

The following benefits are covered under the preventive care benefits at 100%, with no deductible:

- Fluoride supplements for children without fluoride in their water.
- Oral health risk assessment for young children.

Services received from a non-DeltaCare dentist are not covered, except in an emergency while out of town (i.e., more than 35 miles from a DeltaCare dental office).

 $^{^{2}\,}$ The plan will reimburse up to \$100 of non-network emergency dental care each year.

⁵ A pedodontist is a dentist who specializes in the growth and development of children's teeth.