

DELTA PREMIER <i>with National Coverage</i> (5,356 MA DENTISTS)	<h1 style="text-align: center;">Benefit Highlights</h1>		DELTA CARE (469 MA DENTISTS)																				
2007 V1	TYPE I - DIAGNOSTIC AND PREVENTIVE SERVICES	Patient Co-Payments																					
100%	<ul style="list-style-type: none"> • Diagnostic: <ul style="list-style-type: none"> Initial oral exam and charting (once per Dentist) Periodic oral exam (once every 6 months) Full mouth X-rays (once every 60 months) Bite wing X-rays Single tooth X-rays (As needed) • Preventive: <ul style="list-style-type: none"> Oral prophylaxis - cleaning, scaling and polishing Flouride treatment Space maintainers 	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> <tr><td></td><td style="text-align: right;">\$0</td></tr> </table>			\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		
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80%	<p style="text-align: center;">TYPE II - RESTORATIVE AND OTHER BASIC SERVICES</p> <ul style="list-style-type: none"> • Restorative: <ul style="list-style-type: none"> One surface silver filling; permanent tooth One surface white filling front tooth • Oral Surgery: <ul style="list-style-type: none"> Simple surgical tooth removal • Periodontic: <ul style="list-style-type: none"> Gum surgery; gingival curettage Periodontal scaling, per quadrant • Endodontics: <ul style="list-style-type: none"> Root canal treatment; anterior tooth Surgical Root canal treatment • Prosthetic Maintenance: <ul style="list-style-type: none"> Rebase denture; partial, upper or lower Reline denture; complete, upper or lower • Emergency Dental Care: <ul style="list-style-type: none"> Emergency treatment for relief of pain 	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="text-align: right;">\$11</td></tr> <tr><td></td><td style="text-align: right;">\$13</td></tr> <tr><td></td><td style="text-align: right;">\$26</td></tr> <tr><td></td><td style="text-align: right;">\$60</td></tr> <tr><td></td><td style="text-align: right;">\$15</td></tr> <tr><td></td><td style="text-align: right;">\$70</td></tr> <tr><td></td><td style="text-align: right;">\$66</td></tr> <tr><td></td><td style="text-align: right;">\$45</td></tr> <tr><td></td><td style="text-align: right;">\$30</td></tr> <tr><td></td><td style="text-align: right;">\$10</td></tr> </table>			\$11		\$13		\$26		\$60		\$15		\$70		\$66		\$45		\$30		\$10
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50%	<p style="text-align: center;">TYPE III - MAJOR RESTORATIVE SERVICES</p> <ul style="list-style-type: none"> • Major Restorative: <ul style="list-style-type: none"> Porcelain and base metal crown Porcelain and noble metal crown • Prosthetic: <ul style="list-style-type: none"> Upper partial denture; resin Bridge ponic: base metal • Endosteal (single tooth) Implants 	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="text-align: right;">\$305 + Lab</td></tr> <tr><td></td><td style="text-align: right;">\$322 + Lab</td></tr> <tr><td></td><td style="text-align: right;">\$300</td></tr> <tr><td></td><td style="text-align: right;">\$305 + Lab</td></tr> <tr><td></td><td style="text-align: right;">Not covered</td></tr> </table>			\$305 + Lab		\$322 + Lab		\$300		\$305 + Lab		Not covered										
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Not Available	<p style="text-align: center;">ORTHODONTICS</p> <p style="text-align: center;">Child and Adult Coverage</p> <p style="text-align: center;">Fee Allowance Based on Treatment Schedule</p>		<p>Pre-ortho Visit \$25 Pre-ortho records \$200 Dependent Child to age 19 <i>(Up to 24 months \$1950)</i> Adult & FT students <i>(Up to 24 months \$2150)</i></p>																				
<u>Type I Services</u> None <u>Type II an III Services</u> \$50 Per Person \$150 Family Maximum	<p style="text-align: center;">Calendar Year Deductibles</p>		None																				
\$1,200 Per Person	<p style="text-align: center;">Calendar Year Maximums</p>		\$1000 per person (periodontal, endodontic and oral surgery)																				
\$50 \$97 \$117	<p style="text-align: center;">Monthly Premium Rates</p> <ul style="list-style-type: none"> Employee Dual-(Two Person) Full Family 		\$33 \$57 \$87																				

Rates are Guaranteed until October 1, 2008

For a more detailed explanation of the products please refer to the benefit summary sheets.