

| Type of Dental Plan  | Plan Code | Plan Name                                   | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family |
|--|-----------|---|---------------|-------------------|-----------------------|-------------------|
| <b>Prepaid Dental Plan</b> <ul style="list-style-type: none"> <li>• Pays benefits only when you use network providers.</li> <li>• No deductible or annual maximum.</li> <li>• Most preventive care at no charge. You pay a fixed copayment for dental procedures listed on the copayment schedule.</li> <li>• Orthodontia: Covered for adults and children.</li> </ul>   | 4034      | <a href="#">Cigna Prepaid Dental</a>        | \$22.81       | \$44.94           | \$53.59               | \$68.46           |
|  | 4025      | <a href="#">Sun Life Prepaid Dental</a>     | \$14.93       | \$25.17           | \$33.26               | \$43.54           |
|  | 4044      | <a href="#">Humana HD205 Prepaid Dental</a> | \$12.64       | \$21.20           | \$23.00               | \$32.98           |
| <b>PPO Dental Plan</b> <ul style="list-style-type: none"> <li>• Receive care from any dentist.</li> <li>• Your cost is lower when you use a network dentist.</li> <li>• You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay part of the cost for the services you receive.</li> <li>• Orthodontia: Covered for adults and children (excluding Preventive PPO).</li> </ul>                       | 4023      | <a href="#">Ameritas Preventive</a>         | \$21.64       | \$40.92           | \$43.80               | \$64.16           |
|  | 4094      | <a href="#">Humana Preventive</a>           | \$20.52       | \$37.98           | \$42.44               | \$61.60           |
|  | 4033      | <a href="#">MetLife Preventive</a>          | \$18.32       | \$33.86           | \$37.84               | \$54.94           |
|  | 4022      | <a href="#">Ameritas Standard</a>           | \$31.64       | \$59.24           | \$66.32               | \$96.56           |
|  | 4092      | <a href="#">Humana Standard</a>             | \$30.64       | \$56.70           | \$63.36               | \$91.98           |
|  | 4032      | <a href="#">MetLife Standard</a>            | \$36.24       | \$67.04           | \$74.90               | \$108.76          |
| <b>Indemnity with PPO Dental Plan</b> <ul style="list-style-type: none"> <li>• Receive care from any dentist.</li> <li>• Your cost is lower when you use a network dentist.</li> <li>• You generally have an annual deductible to meet before the plan starts paying benefits, and then you pay a percentage of the cost for the services you receive.</li> <li>• Orthodontia: Covered for adults and children (SunLife – children only).</li> </ul> | 4074      | <a href="#">Sun Life Indemnity</a>          | \$43.55       | \$83.61           | \$98.83               | \$130.35          |
|  | 4021      | <a href="#">Ameritas Indemnity</a>          | \$47.24       | \$87.64           | \$99.80               | \$144.08          |
|  | 4090      | <a href="#">Humana Indemnity</a>            | \$45.76       | \$84.66           | \$94.60               | \$137.34          |
|  | 4031      | <a href="#">MetLife Indemnity</a>           | \$46.16       | \$85.38           | \$95.42               | \$138.52          |
| <b>Indemnity Dental Plan</b> <ul style="list-style-type: none"> <li>• Receive care from any dentist.</li> <li>• You have a deductible to meet, and then you pay part of the cost for the services you receive.</li> </ul>  | 4084      | <a href="#">Humana Schedule B</a>           | \$14.74       | \$21.96           | \$23.30               | \$37.10           |