YOUR 2022 DENTAL PLAN COMPARISON

NVIDIA PPO DENTAL PLAN WHAT YOU PAY

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$50 Family: \$100	Individual: \$100 Family: \$300
Annual Benefit Maximum	The plan pays \$3,000 per covered individual	The plan pays \$3,000 per covered individual
Diagnostic And Preventive Care (includes exams and cleanings, scaling and polishing, routine X-rays; full-mouth X-rays once every three years)	\$0 (deductible does not apply)	10% of all fees in excess of R&C* (deductible does not apply)
Basic Care (includes fillings, extractions, root canals, stainless steel crowns, oral surgery to remove teeth, periodontics)	10% after deductible	30% of R&C* fees after deductible; 100% of all fees in excess of R&C*
Major Care (includes crowns, inlays, bridges, dentures)	40% after deductible	50% of R&C* fees after deductible; 100% of all fees in excess of R&C*
Orthodontia (for adults and children, up to a lifetime maximum of \$3,000)	50% of R&C* fees after deductible	50% of R&C* fees after deductible; 100% of all fees in excess of R&C*

DELTACARE USA (DHMO)** WHAT YOU PAY

	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	No deductible	Not covered
Annual Benefit Maximum	No maximum	Not covered
Diagnostic And Preventive Care (includes exams and cleanings, scaling and polishing, routine X-rays; full-mouth X-rays once every three years)	\$0-\$45 member copay per procedure	Not covered
Basic Care (includes fillings, extractions, root canals, stainless steel crowns, oral surgery to remove teeth, periodontics)	\$0-\$280 member copay per procedure	Not covered
Major Care (includes crowns, inlays, bridges, dentures)	\$0-\$280 member copay per procedure	Not covered
Orthodontia (for adults and children)	\$1,700 child/\$1,900 adult member copay, plus cost for pre/post records and retention phase	Not covered

^{*} Reasonable and customary

This summary is not intended to provide a complete plan description. It is important for you to realize that additional terms, conditions, and limitations regarding benefit eligibility and entitlement are found in official Plan Documents. If there is an actual or apparent conflict between this benefit summary or your Summary Plan Description (SPD) booklet and the official Plan Documents, the provisions of the official Plan Document will prevail.



^{**} The DHMO is for currently enrolled participants only; the plan is no longer available for new enrollment.