

# YOUR 2019 DENTAL PLAN COMPARISON

## NVIDIA PPO DENTAL PLAN

## WHAT YOU PAY

	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	Individual: \$50 Family: \$100	Individual: \$100 Family: \$300
<b>Annual Benefit Maximum</b>	The plan pays \$3,000 per covered individual	The plan pays \$3,000 per covered individual
<b>Diagnostic And Preventive Care</b> (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)
<b>Basic Care</b> (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*
<b>Major Care</b> (includes crowns, inlays, bridges, dentures)	40% after deductible	50% of R&C* fees after deductible; 100% of all fees in excess of R&C*
<b>Orthodontia</b> (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
<b>Annual Deductible</b>	No deductible	Not covered
<b>Annual Benefit Maximum</b>	No maximum	Not covered
<b>Diagnostic And Preventive Care</b> (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
<b>Basic Care</b> (includes fillings, extractions, root canals, stainless steel crowns, oral surgery to remove teeth, periodontics)	\$0-\$280 member copay per procedure	Not covered
<b>Major Care</b> (includes crowns, inlays, bridges, dentures)	\$0-\$280 member copay per procedure	Not covered
<b>Orthodontia</b> (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