DELTA DENTAL®

Dental Proposed Rates

Group: EPC Benefit Resources, Inc.
Plan: Delta Dental PPO™ – Program G - Plan 2(Low) Coinsurance
Contract type: Non-Retention
Full Contract term: 01/01/2026 to 12/31/2026

Initial contract term: 01/01/2026 to 12/31/2026			
			
Enrollee Only	**Enrollee & Spouse**	**Enrollee & Children**	**Enrollee & Family**
$19.45	$40.07	$58.29	$78.94

The above rates include 8.00% broker commission.
The above rates are not valid unless accompanied by the provisions in the attached pages.

Coinsurances	PPO Network	Premier Network	Non-Delta Dental
Diagnostic and preventive services[1, 2] Exams, X-Rays, Prophylaxis, Fluoride, Consultation	100%	90%	90%
Basic services Space Maintainers, Sealants, Minor Restorative, Stainless Steel Crowns, Endodontics, Periodontics Surgical, Periodontics Non-Surgical, Periodontal Maintenance, Denture Repair/Reline/Rebase, Extractions, Surgical Extractions, Other Oral Surgery, Palliative Treatment, IV sedation & Anesthesia	70%	60%	50%
Major services Major Restorative, Prosthodontics Removable, Prosthodontics Fixed	40%	30%	30%
Orthodontic services	Not Covered	Not Covered	Not Covered
Additional services Implants Surgical, Implants Non-Surgical, Temporomandibular joint dysfunction (TMJ)	Not Covered	Not Covered	Not Covered

Deductibles	PPO Network	Premier Network	Non-Delta Dental
Annual deductible Per individual/family per calendar year	$50/$150	$50/$150	$50/$150
Orthodontic deductible Per individual per lifetime	Not Covered	Not Covered	Not Covered

Maximums	PPO Network	Premier Network	Non-Delta Dental
Annual maximum Per individual per calendar year	$750	$750	$750
Orthodontic maximum Per individual per lifetime	Not Covered	Not Covered	Not Covered

Reimbursement is based on the PPO contracted fees for PPO dentists, the PPO contracted fees for Premier dentists and the PPO contracted fees for non-Delta Dental dentists.

[1] Annual deductible is waived for diagnostic & preventive services.

[2] Annual maximum is waived for diagnostic & preventive services.

Assumptions and guidelines

Proposal Disclosure

The rates quoted in this proposal are based on the information provided to Delta Dental at the time the proposal was released. This proposal is not a contract. If the group wishes to sign a contract with Delta Dental, it will be required to complete and sign a Group Application. Delta Dental's acceptance of a completed Group Application will be based on verification of group enrollment specifications.

If during the Contract Term any new or increased tax, assessment or fee is imposed on the amounts payable to or by Delta Dental under this Contract or any immediately preceding contract between Delta Dental and Contractholder, the Premium amount will be increased by the amount of any such new or increased tax, assessment or fee by written notice to Contractholder, and the Contract shall thereby be modified on the date set forth in the notice.

Maximum Contract Allowance

Contracted dentists are paid directly by Delta Dental and by agreement cannot bill the enrollee more than their contracted fee. Non-contracted dentists may not always accept Delta Dental's program allowance as payment in full. The enrollee is responsible for paying up to the non-contracted dentist's submitted charge.

Fully Insured Non-Retention Contract

Any profit or loss remaining at the end of the contract period will be absorbed by Delta Dental. The client assumes no liability in a loss situation.

Rate Guarantee

Rates are valid if purchased by the proposed effective date of 1/1/2026. Delta Dental recommends 90 days advance notice for implementation.

Contribution and Participation

Rates assume an employer contribution of 50% toward the employee cost and 25% toward the dependent cost of coverage for all eligible employees. Rates assume that there will be a minimum enrollment of 813 primary enrollees.

Eligibility

Eligible employees may enroll on the first day of the month following completion of the employer's required eligibility period. Eligible employees who decline dental coverage may elect to enroll at the next open enrollment. The same requirements also apply for dependent coverage. Primary enrollees electing dependent coverage must enroll all eligible dependents in the dental program. Eligibility for employees and dependents is subject to all state laws or regulatory requirements. Enrollees eligible for optional continuation of group benefits under the Consolidated Omnibus Reconciliation Act of 1986 (COBRA) may continue coverage as allowed by law.

Limitations and Exclusions

The proposed plan designs are based on the current limitations and exclusions, processing policies, and contract specifications.

Deductibles and Maximums

Deductible and maximum amounts for in network and out-of-network are inclusive of each other and not in addition to.

Single Dental Carrier

It is assumed that Delta Dental is to be the only dental carrier and that all primary enrollees (and their dependent enrollees) will be covered under our plan(s).

Missing Teeth

Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

Posterior Composites

Posterior Composites paid at the Amalgam Benefits.