

## Fire Risk Management Services (FRMS)

### Delta Dental - PPO Plan Examples

|  | FRMS                        |                         | FRMS                    |                         | FRMS                    |                         | FRMS                        |                         | FRMS                        |                         | FRMS                    |                         |
|--|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|
| Carrier Name:                          | Delta Dental                |                         | Delta Dental            |                         | Delta Dental            |                         | Delta Dental                |                         | Delta Dental                |                         | Delta Dental            |                         |
| Plan Name:                             | Plan 1                      |                         | Plan 2                  |                         | Plan 3                  |                         | Plan 4                      |                         | Plan 5                      |                         | Plan 6                  |                         |
| General Plan Information               |                             |                         |                         |                         |                         |                         |                             |                         |                             |                         |                         |                         |
| Annual Deductible - Individual/Family  | \$50/\$150                  |                         | \$50                    |                         | \$50                    |                         | \$50/\$150                  |                         | \$50/\$150                  |                         | \$50                    |                         |
| Annual Plan Maximum (Per Person)       | \$1,000                     |                         | \$1,500                 |                         | \$2,000                 |                         | \$1,000                     |                         | \$1,500                     |                         | \$2,000                 |                         |
| Waiting Period                         | None                        |                         | None                    |                         | None                    |                         | None                        |                         | None                        |                         | None                    |                         |
| Covered Services                       | In-Network PPO Provider     | Out-of-Network Provider | In-Network PPO Provider | Out-of-Network Provider | In-Network PPO Provider | Out-of-Network Provider | In-Network PPO Provider     | Out-of-Network Provider | In-Network PPO Provider     | Out-of-Network Provider | In-Network PPO Provider | Out-of-Network Provider |
| <b>Diagnostic and Preventive</b>       |                             |                         |                         |                         |                         |                         |                             |                         |                             |                         |                         |                         |
| Diagnostic and Preventive              | 100%                        | 100%                    | 100%                    | 100%                    | 100%                    | 100%                    | 100%                        | 80%                     | 100%                        | 80%                     | 100%                    | 80%                     |
| <b>Basic Services</b>                  |                             |                         |                         |                         |                         |                         |                             |                         |                             |                         |                         |                         |
| Basic                                  | 90%                         | 80%                     | 90%                     | 80%                     | 90%                     | 80%                     | 80%                         | 80%                     | 80%                         | 80%                     | 80%                     | 80%                     |
| Fillings & Sealants                    | 90%                         | 80%                     | 90%                     | 80%                     | 90%                     | 80%                     | 80%                         | 80%                     | 80%                         | 80%                     | 80%                     | 80%                     |
| Endodontic Treatment                   | 90%                         | 80%                     | 90%                     | 80%                     | 90%                     | 80%                     | 80%                         | 80%                     | 80%                         | 80%                     | 80%                     | 80%                     |
| Periodontic Treatment                  | 90%                         | 80%                     | 90%                     | 80%                     | 90%                     | 80%                     | 80%                         | 80%                     | 80%                         | 80%                     | 80%                     | 80%                     |
| <b>Major Services</b>                  |                             |                         |                         |                         |                         |                         |                             |                         |                             |                         |                         |                         |
| Crowns/Inlays/Onlays/Cast Restorations | 60%                         | 50%                     | 60%                     | 50%                     | 60%                     | 50%                     | 50%                         | 50%                     | 50%                         | 50%                     | 50%                     | 50%                     |
| Prosthodontics                         | 60%                         | 50%                     | 60%                     | 50%                     | 60%                     | 50%                     | 50%                         | 50%                     | 50%                         | 50%                     | 50%                     | 50%                     |
| Implants                               | 60%                         | 50%                     | 60%                     | 50%                     | 60%                     | 50%                     | 50%                         | 50%                     | 50%                         | 50%                     | 50%                     | 50%                     |
| <b>Orthodontia Services</b>            | 50% to \$1,000 Lifetime Max |                         | 50% to \$X Lifetime Max |                         | 50% to \$X Lifetime Max |                         | 50% to \$1,000 Lifetime Max |                         | 50% to \$1,000 Lifetime Max |                         | 50% to \$X Lifetime Max |                         |
| Orthodontia (Child) - to age 26        | Yes                         |                         | Yes or No               |                         | Yes or No               |                         | Yes                         |                         | Yes                         |                         | Yes or No               |                         |
| Orthodontia (Adult)                    | Yes                         |                         | Yes or No               |                         | Yes or No               |                         | Yes                         |                         | Yes                         |                         | Yes or No               |                         |