

*Dental Services Coverage Summary

GENESCO

Program: Delta PPO

Coverage A - Diagnostic and Preventive Services	
<ul style="list-style-type: none"> - Periodic routine check-ups every six (6) months, including bite-wings x-rays every six (6) months - Emergency exam, limited to once in a 12 months period - Special consultation exam (specialist dentist), limited to once in a 12 month period - Full mouth x-rays or Panoramic x-ray, once in any three (3) years period - Periapical x-rays - Cephalometric radiographic image - Dental prophylaxis (tooth-cleaning) every six (6) months - Topical application of fluoride up to age 19. Limited to once every six (6) months - Sealants for children under 14 years-old on permanent teeth - Space maintainers for primary teeth. 	100%
Coverage B - Regular Restorative Services	
<ul style="list-style-type: none"> - Amalgam (silver) restorations on pre-molars and molars, limited to same tooth and surface every 24 months - Resin (plastic) restorations for anterior teeth, limited to same tooth and surface every 24 months - Stainless steel crowns in deciduous teeth - Endodontic procedures: includes canal treatment and canal filling for anterior, pre-molars and molars - Denture repairs (partial and complete denture) - Periodontal procedures: includes the necessary procedures for the treatment of gum and the bone which holds the teeth, including periodontal surgery (gingival curettage) - Extractions and oral surgery, including pre and post operator care and general anesthesia - Frenulectomy - Treatment to relief pain 	70%
Coverage C1 - Special Restorative Services	
<ul style="list-style-type: none"> - Crown 	50%
Coverage C2 - Prothesis (Removable and fixed)	
<ul style="list-style-type: none"> - Bridges (partial and fixed) - Partial denture (removable) - Maryland bridge - Complete denture 	50%
Maximum per patient per calendar year for coverage A, B and C1 C2	\$ 1,000.00
Coverage D - Orthodontics	
This coverage requires that the dentist fills out a pre-estimate and payments will be send monthly, according to the maximum under contract and patients eligibility.	
<ul style="list-style-type: none"> - Braces - Interceptive and corrective treatment - Retainers - Habit breaker up to age 14 	50%
Lifetime maximum per patient	\$ 1,000.00

GENESCO
OPTION MED 1

Vision Care Services	Member Cost In-Network	Out-of Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	Up to \$30
Exam Options:		
Standard Contact Lens Fit and Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit and Follow-Up	10% off Retail Price	N/A
Frames:		
Any available frame at provider location	\$0 Copay; \$130 Allowance, 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$55
Lenticular	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens		
Tier 1	\$110 Copay	Up to \$40
Tier 2	\$120 Copay	Up to \$40
Tier 3	\$135 Copay	Up to \$40
Tier 4	\$90 Copay, 80% of charge less \$120 Allowance	Up to \$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$5
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective		
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$130 Allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 Copay; \$130 Allowance; plus balance over \$130	Up to \$104
Medically Necessary	\$0 Copay, Paid-in-full	Up to \$210
Benefit Frequency		
Examination	Once within a 12 month period defined by last date of service.	
Lenses or Contact Lenses	Once within a 12 month period defined by last date of service	
Frame	Once within a 24 month period defined by last date of service.	

Additional Pairs Benefit: Members also receive a 40% discount off complete pair of eyeglass and 15% discount off conventional contact lenses, once the funded benefit has been used, at the participating providers.

*Member Reimbursement Out-of Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider.

This quotation is valid for a period of six (6) months. The final acceptance of these rates are guaranteed for a TWELVE (12) months period. Delta Dental reserves the right to amend this information as necessary.

Signature

Date

ADVANTAGES DELTA DENTAL



WHAT MAKE US DIFFERENT

- Experts in Oral Health, with over 40 years of experience in PR
- We don't require pre-estimate for any services, like other dental plans PR
- Unique in paid the provider on a weekly basis
- Unique in offering direct pay coverage with the orthodontic benefits not by reimbursement, these services are covered for specialist, generalist and pediatric dentist
- Dually insurance with us, the system automatically coordinates benefits and pays 100% to the provider
- Extensive network of providers, Island wide dentists, from all specialties
- When an insured submits a reimbursement from a participating dentist, arrangements are made directly with the provider to reimburse the patient
- The only plan that covers sedation for the extractions of the wisdom tooth



ADVANTAGES DELTAVISION

WHAT MAKES US DIFFERENT



- Thought our vision provider, EyeMed, we have created ones of the best vision coverages in PR
- In PR vision plans usually just provide allowances for the purchase of the Frame. Our bundle includes bifocal, trifocal and lenticular lens as Well as other options, including photochromatic, blue treatment to prevent damage to the eye caused by electronic equipment, anti-reflective coating among other
- The vision plan may be used in PR as Well in the continental US (this not apply to the dental program, which is only for PR)
- Option to buy a frame or contact lenses
- Medical necessary contact lenses are cover in full
- Traveler's Service is offered for when you misplace/break your glasses while traveling, by contacting EyeMed, you can receive temporary, adjustable eyewear in case of an emergency
- Available option to buy, glasses or contact lenses online



At Delta Dental, we want to see you smile!

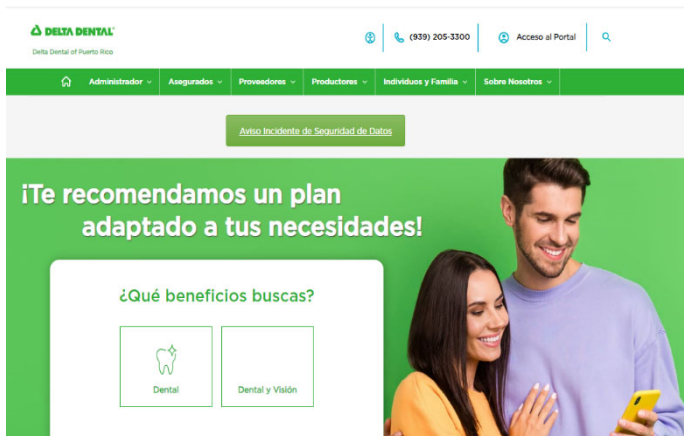
Our policyholders have multiple tools to stay in touch with us:

Website www.deltadentalpr.com

- Directory of Participating Providers
- Information about eligibility, benefits, coverage details, coinsurance.
- Claims status and pre-estimates
- Clarify doubts using the online enquiry form
- Duplicate card request
- Request for coverage certifications
- Print Your Dental Card

Mobile App

- Access to your virtual card
- Directory of Participating Providers
- GPS to locate your dental provider's office.
- Visit the App Store (Apple) or Google Play (Android) and search for the Delta Dental mobile app. Or use your mobile phone's QR code reader to download our app on



Call Center 1-866-622-6120

Automated system available **24/7**, assists you with information on eligibility, benefits, claims, refunds, duplicate card requests, etc. Highly trained Service Representatives available from Monday through Friday 8:00 a.m. to 5:00 p.m.

How to mobilize your vision plan

As a vision benefit member, you have the option to download and use the EyeMed app to access your vision benefit information. The EyeMed Members App is packed with ahead-of-the-game resources wherever you are. Before, during and after your eye appointment.

Get the latest EyeMed App:

1. **DOWNLOAD** — Search “EyeMed” in your App store, iTunes or Google Play.
2. **OPEN** — You can use some features right away; others unlock once you register.
3. **REGISTER** — You’ll need your member ID or the last four digits of your social security number.
4. **LOG IN** — If you’ve already registered an account on the website listed on the front of your ID card, you can log onto the app the same way.

	Ready when you download	Unlocked when you register
Find nearby network providers	●	
On-the-fly appointment scheduling	●	
Turn by turn directions and map	●	
Eye exam and contact lens reminders		●
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Save vision prescriptions*		●
Benefit plan details		●
Answers to common questions	●	
Special offers and discounts		●
Direct line to customer support	●	

* Take a picture of your prescription and store it in your app. No need to type in the numbers.

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