

EXHIBIT “A”

Effective January 1, 2025

Benefit	Delta Dental	
	PPO & Premier Networks	Non-Network (90th UCR)
Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Deductible Waived for Preventive	Yes	Yes
<b>Preventative &amp; Diagnostic</b> Exams, cleanings, fluoride treatments, x-rays, sealants, space maintainers	100%	100% of UCR
<b>Basic Services</b> Fillings, endodontics, periodontics, simple extractions, oral surgery, emergency palliative treatment, relines, repairs	100% after deductible	100% of UCR after deductible
<b>Major Services</b> Dentures, bridges, crowns, implants	60% after deductible	60% of UCR after deductible
<b>Calendar Year Maximum</b>	\$2,500	
<b>Orthodontia Benefit</b>	50%	50%
<b>Orthodontia Maximum</b>	\$1,000 (Children & Adults)	
<b>Benefit Waiting Periods</b>	None for Timely Entrants	
<b>Network</b>	Delta Dental	
<b>Rate Guarantee</b>	12 months (1/1/2025 - 12/31/2025)	
	Current Rates	
47   Single	\$35.92	
92   Family	\$101.61	
<b>TOTAL MONTHLY PREMIUM</b>	<b>\$11,036</b>	
<b>TOTAL ANNUAL PREMIUM</b>	<b>\$132,436</b>	