



## YMCA EMPLOYEE BENEFITS

A nonprofit benefit Plan exclusively serving YMCAs since 1970.

# Introducing Delta Dental

## Quality Coverage Backed by the Nation's Largest Dental Network

Beginning January 1, 2027, YMCA Employee Benefits will offer our dental coverage through Delta Dental. Delta Dental provides access to one of the largest dental networks in the country, helping employees and their families find quality dental care close to home.

Employees have the flexibility to receive care from any licensed dentist. However, members typically receive the greatest value when they visit a participating Delta Dental dentist. Delta Dental PPO and Premier network providers have agreed to negotiated fees that can help reduce out-of-pocket costs while providing additional network protections to members.

### Extensive Network Access

Delta Dental offers access to both the Delta Dental PPO and Delta Dental Premier networks, giving employees a broad choice of participating providers.

Benefits of using a Delta Dental network dentist include:

- Lower out-of-pocket costs for covered services
- Protection from balance billing by participating providers
- Access to negotiated network discounts
- Simplified claims administration, with Delta Dental paying participating providers directly for covered services

### To Go<sup>SM</sup> Carryover Feature

One of the unique advantages of the Delta Dental plan is the To Go<sup>SM</sup> Carryover Feature.

This feature allows eligible members to carry over a portion of their unused annual maximum from one year to the next, helping them build additional benefit dollars for future dental needs. Members who maintain regular preventive care and do not fully use their annual maximum may accumulate additional funds that can help offset the cost of more extensive treatment later.

### Enhanced Benefits Program

Delta Dental's Enhanced Benefits Program provides additional preventive dental services for individuals with certain health conditions that can be positively affected by improved oral health care.

Eligible members may receive additional cleanings and/or topical fluoride treatments beyond the standard preventive benefit schedule. Conditions that may qualify include diabetes, pregnancy, certain cardiac conditions, suppressed immune systems, special needs, and other qualifying conditions.

This program reflects the connection between oral health and overall health and provides additional support for members who may benefit from more frequent preventive care.

### FINDING A DENTIST

Employees can search for participating dentists through Delta Dental's online provider directory.

Administrators and employees can visit Delta Dental's provider search tool to locate Delta Dental PPO and Premier dentists by location, specialty, or provider name. Delta Dental's extensive network makes it easy to find participating providers whether employees are at home, work, or traveling.

Find a Delta Dental Dentist: [www.deltadentalil.com/find-a-provider/dental/](http://www.deltadentalil.com/find-a-provider/dental/)



# DENTAL PPO PLUS PREMIER

## with Delta Dental

Our dental plan is a PPO, which means employees can receive care from any licensed dentist they choose. Employees and family members will generally receive the greatest value when using a Delta Dental PPO or Premier network provider. Coverage includes preventive care, restorative services, major dental services, and orthodontia.

| BENEFITS                                                                                                                                                                                                                                                                                                              | DELTA DENTAL PPO NETWORK                                                                                                                                                                        | DELTA DENTAL PREMIER NETWORK                                          | OUT-OF-NETWORK*                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>COMBINED CALENDAR YEAR MAXIMUM</b><br>Class I-III (both in and out-of-network)                                                                                                                                                                                                                                     | <b>\$1500 per year</b><br><i>Members who receive preventive cleanings may carry over a portion of unused annual maximum dollars through Delta Dental's To Go<sup>SM</sup> Carryover Feature</i> |                                                                       |                                                                       |
| <b>CLASS I – PREVENTIVE</b> <ul style="list-style-type: none"> <li>• Oral Exams, Routine Cleanings<sup>1</sup></li> <li>• Space Maintainers</li> <li>• Full Mouth Series &amp; Bitewing X-rays<sup>1</sup></li> <li>• Fluoride Treatment (children)<sup>1</sup></li> <li>• Sealants (children)<sup>1</sup></li> </ul> | <b>100% Covered</b><br>No Deductible                                                                                                                                                            |                                                                       |                                                                       |
| <b>CLASS II – BASIC RESTORATIVE SERVICES</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Oral Surgery</li> <li>• Periodontal Scaling &amp; Root Planing<sup>1</sup></li> <li>• Simple Extractions</li> </ul>                                                                                         | <b>85% Covered</b><br>No Deductible                                                                                                                                                             | <b>80% Covered</b><br>No Deductible                                   | <b>80% Covered</b><br>No Deductible                                   |
| <b>CLASS III – MAJOR RESTORATIVE SERVICES</b> <ul style="list-style-type: none"> <li>• Inlays/Onlays</li> <li>• Crowns</li> <li>• Dentures</li> <li>• Bridgework</li> <li>• Endodontics/Root Canal Therapy</li> <li>• Surgical Extractions of Impacted Teeth</li> <li>• General Anesthesia/IV Sedation</li> </ul>     | <b>50% Covered After Deductible</b><br>\$50/Individual   \$150/Family                                                                                                                           |                                                                       |                                                                       |
| <b>CLASS IV – ORTHODONTIA</b><br>Applies to both Adults and Children                                                                                                                                                                                                                                                  | <b>50% Covered</b><br>up to \$1,500<br>Lifetime Maximum<br>per person                                                                                                                           | <b>50% Covered</b><br>up to \$1,000<br>Lifetime Maximum<br>per person | <b>50% Covered</b><br>up to \$1,000<br>Lifetime Maximum<br>per person |

This is only a summary of common benefits covered under The Plan. For complete plan coverage, refer to the Summary Plan Description.

\* Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 80th percentile of "reasonable and customary" charges. Delta Dental PPO and Premier dentists cannot balance bill the enrolled for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

<sup>1</sup> Frequency and/or age limitations may apply to these services.