DENTAL PLAN
The Dental Plan provides coverage for many dental services that you and your eligible dependents may need.

USING THIS BENEFIT
• The plan offers you a choice of network or out-of-network coverage.
  - Delta Dental of Ohio provides national network coverage through Delta Dental PPO and Delta Premier. You receive greater benefit coverage when you use a provider who participates in the Delta Dental PPO network. Search for a provider via hr.osu.edu/benefits/hb_dental
  - If you use a **network** provider
    - Tell the provider’s office that you are covered by Delta Dental when making an appointment, or at the time of service. There is no dental plan identification card.
    - No claim forms are necessary for network dental services. Your dental provider should file claims directly with Delta Dental, although you may be required to pay for your portion of the expenses at the time of service.
    - The Ohio State University Student Dental Clinic is in the Delta Dental PPO network.
    - Some, but not all, of the providers within the Ohio State Dental Faculty Practice are in the Delta Dental PPO or Delta Premier network.
  - If you use a **non-network** provider
    - The plan pays less for covered services than it does when you use a network provider.
    - Your provider may require you to pay for services in full and be reimbursed from Delta Dental by filing a claim.

PREDETERMINATION OF EXPENSE
Upon your request, Delta Dental will determine benefit coverage prior to you receiving dental service(s) if the course of treatment is expected to be $200 or more. You or your dentist can send a written description of the procedures and the dentist’s proposed charges to Delta Dental before treatment begins.

MONTHLY FULL TIME (75-100 PERCENT FTE) AND PART TIME (74 - 50 PERCENT FTE)

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Employee only</th>
<th>Employee + Children</th>
<th>Employee + Spouse</th>
<th>Family</th>
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</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$4.53</td>
<td>$14.33</td>
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BIWEEKLY FULL TIME (75-100 PERCENT FTE) AND PART TIME (74 - 50 PERCENT FTE)

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<tbody>
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<td>Employee only</td>
<td>$2.27</td>
<td>$7.17</td>
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More information online: hr.osu.edu/benefits/hb_dental