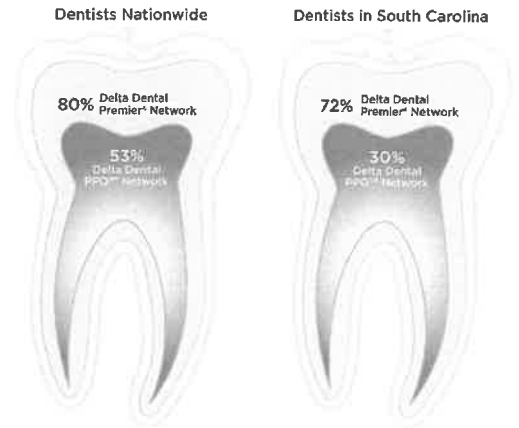


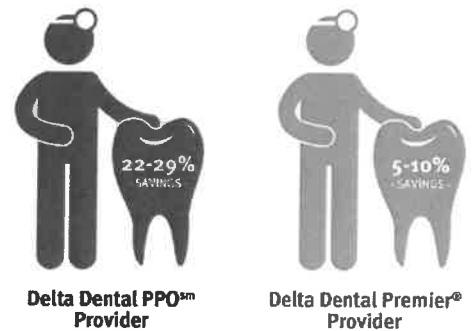
The nation's largest network

- Across the nation, **80%** of dentists participate in the Delta Dental Premier® Network and **53%** participate in the Delta Dental PPOSM Network.
- In South Carolina, **72%** of dentists participate in the Delta Dental Premier® Network and **30%** participate in the Delta Dental PPOSM Network.



Our unique dual network

- Delta Dental PPOSM Network providers are reimbursed from a set fee schedule.
 - Participants realize an average savings of **22-29%** from the normal plan allowance.
- Delta Dental Premier® Network providers agree to a contractual reimbursement.
 - Participants realize an average savings of **5-10%** from the normal plan allowance.
- Delta Dental networks offer the greatest effective discounts – the combined savings realized on all claims both in and out of the network.



No balance billing

- Participating Delta Dental providers **will not balance bill** participants for charges that exceed Delta Dental's contractual reimbursement.
- Delta Dental does not enforce a "missing tooth clause" and will cover pre-existing conditions.



No Balance Billing

Customer Care

- Delta Dental is the only benefits company that offers the benefits of the largest national networks, with the value of local leadership, customer care and community citizenship.
- A dedicated account manager works with each client.

**Excellent
- Client Service -**

99.1% Claims processed within 14 days	99.9% Accuracy of payments	99.9% Inquiries resolved on first contact	99.2% Members satisfied with customer care	7.8 seconds Average speed of answer
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Proposal For: Lucas Systems, Inc
 Effective Date: 6/1/2018
 Rate guarantee: One year
 Plan: w/ortho

Delta Dental PPO -DentaFlex		Delta Dental PPOSM	Delta Dental Premier[®]	Out-of-Network Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1,000	\$1,000	\$1,000
Preventive Services	<ul style="list-style-type: none"> Bitewing x-rays, one set per benefit period Full-mouth x-rays (pano), once in any 36 month period Oral examinations, twice in any benefit period Periapical x-rays, as required Prophylaxis (cleanings), twice in any benefit period Sealants for dependent children under age 16, once in 5 years Space Maintainers for dependent children under age 16, once in 5 years Topical fluoride treatments for dependent children under age 16, once in any benefit period 	100%	100%	100%
Basic Services	<ul style="list-style-type: none"> Emergency palliative treatment Fillings Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Simple Extractions 	80%	80%	80%
Major Services	<ul style="list-style-type: none"> Bridges, once in 7 years Crowns, Inlays, Onlays, once in 7 years Dentures, once in 7 years Endodontics General Anesthesia Non-Surgical Periodontics Oral Surgery (excluding extractions) Surgical Extractions Surgical Periodontics 	50%	50%	50%
Orthodontia	<ul style="list-style-type: none"> Orthodontia for dependent children under age 19 	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible

About Delta Dental networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

Rates proposed by Delta Dental

Coverage Tier	Rates
Employee	\$31.71
Employee & Spouse	\$64.86
Employee & Child(ren)	\$69.09
Family	\$109.35

Proposal For: Lucas Systems, Inc
Effective Date: 6/1/2018
Rate guarantee: One year
Plan: w/ortho

Our monthly rates in this proposal assume the following:

- Employer contributes a minimum of **0%** of the employee costs.
- **31** eligible employees. **65%** of all eligible employees must enroll, or 10 employees whichever is greater. Employees with coverage through a spouse's dental program are not required to enroll.
- Final rates are based on final enrollment and are guaranteed for a One year contract from the effective date of the proposal, if accepted within 30 days of the effective date. If enrollment deviates by more than 10%, Delta Dental reserves the right to re-rate the group.
- Dependent age is **26**.
- Delta Dental must be the only program offered.
- Rates are developed from a pooled product; therefore, individual group experience will not be released.

This is not a contract; it is a partial listing of benefits and services, coverage limitations and exclusions. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of the Delta Dental Master Policy and Summary Plan Description. The group executes Delta Dental's standard group contracts. Until such contracts are executed and the initial dues paid, Delta Dental has no obligation to provide or administer any dental benefits for the group.

Coverage limitations

- A panoramic film with or without other films is considered equivalent to a full mouth series for coverage purposes.
- If alternate treatments are available, Delta Dental shall only pay for the least costly professionally satisfactory treatment.
- 6 month waiting period applies to all Basic Services.
- 12 month waiting period applies to all Major Services.
- 12 month waiting period applies to all Orthodontia. The waiting period must be satisfied prior to banding.

Exclusions

- Services or supplies not specifically stated as covered dental services, including but not limited to: hospital or prescription drug charges, instructions in dental hygiene, dietary planning or plaque control, complete occlusal adjustments, crowns for occlusal correction, athletic mouthguards, nightguards, bruxism appliances, bite therapy appliances, missed appointments or claim form completion, analgesia, including Nitrous Oxide, duplication of radiographs or temporary appliances, and services or supplies related to temporomandibular joint (TMJ) dysfunction).
- Services that require multiple visits, which commenced prior to the membership effective date (i.e. prosthetics).
- Services or supplies for which the enrollee, absent this coverage, would normally incur no charge, such as care rendered by a dentist to a member of his immediate family or the immediate family of his spouse.
- Services or supplies for which coverage is available under workers' compensation or employers' liability laws.
- Services or supplies performed for cosmetic purposes or to correct congenital malformations, except newborns with congenital dental defects.

Locating a participating dentist

To determine if your dentist participates with Delta Dental or to select a participating dentist in your area:

- Ask your dentist if he or she participates in the **Delta Dental PPOSM** or **Delta Dental Premier[®]** program.
- Search online at www.deltadentalsc.com.
- Call Delta Dental's Customer Service at **1-800-529-3268**.