# Your 2027 Dental Plan Comparison

| NVIDIA PPO Dental Plan | What You Pay | |
|---|---|---|
| **Benefits and Covered Services*** | **In-Network**** | **Out-Of-Network**** |
| **Annual Deductible** | Individual: $50 Family: $100 | Individual: $100 Family: $300 |
| **Annual Benefit Maximum** | The plan pays $3,000 per covered individual | |
| **Diagnostic And Preventive Care** (includes exams and cleanings, scaling and polishing, routine X-rays; full-mouth X-rays once every three years) | $0 (deductible does not apply)** | |
| **Basic Care** (includes fillings, extractions, root canals, stainless steel crowns, oral surgery to remove teeth, periodontics) | 10% after deductible | 30% after deductible |
| **Major Care** (includes crowns, inlays, bridges, dentures) | 40% after deductible | 50% after deductible |
| **Orthodontia** (for adults and children, up to a lifetime maximum of $3,000) | 50% after deductible | 50% after deductible |

| DeltaCare USA (DHMO)*** | What You Pay | |
|---|---|---|
| | **In-Network** | **Out-Of-Network** |
| **Annual Deductible** | No deductible | Not covered |
| **Annual Benefit Maximum** | No maximum | Not covered |
| **Diagnostic And Preventive Care** (includes exams and cleanings, scaling and polishing, routine X-rays; full-mouth X-rays once every three years) | $0–$45 member copay per procedure | Not covered |
| **Basic Care** (includes fillings, extractions, root canals, stainless steel crowns, oral surgery to remove teeth, periodontics) | $0–$280 member copay per procedure | Not covered |
| **Major Care** (includes crowns, inlays, bridges, dentures) | $0–$280 member copay per procedure | Not covered |
| **Orthodontia** (for adults and children) | $1,700 child/$1,900 adult member copay, plus cost for pre/post records and retention phase | Not covered |

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists. Balance billing may apply for non-Delta Dental dentists.

*** The DHMO is for currently enrolled participants only; the plan is no longer available for new enrollment.

This summary is not intended to provide a complete plan description. It is important for you to realize that additional terms, conditions, and limitations regarding benefit eligibility and entitlement are found in official Plan Documents. If there is an actual or apparent conflict between this benefit summary or your Summary Plan Description (SPD) booklet and the official Plan Documents, the provisions of the official Plan Document will prevail.