



Windstream Retiree Dental Plan Comparison

	Delta Dental DPPO Plan - Basic		Delta Dental DPPO Plan - Standard		Delta Dental DPPO Plan - Enhanced	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$750	\$750	\$1500	\$1500	\$2000	\$2000
Annual Deductible:	Indiv: \$50 Fam: \$150	Indiv: \$50 Fam: \$150	Indiv: \$50 Fam: \$150	Indiv: \$50 Fam: \$150	Indiv: \$50 Fam: \$150	Indiv: \$50 Fam: \$150
Reimbursement Levels	Based on Reduced Contracted Fees	80th percentile of RCA	Based on Reduced Contracted Fees	90th percentile of RCA	Based on Reduced Contracted Fees	90th percentile of RCA
Class I - Preventive & Diagnostic Care	90%	10%	100%	100%	100%	100%
Class II - Basic Restorative Care	70%	30%	80%	20%	80%	20%
Class III - Major Restorative Care	Not Covered	Not Covered	50%	50%	50%	50%
Class IV – Orthodontia Expenses	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
Class V - TMJ Expenses*	Not Covered	Not Covered	50%	50%	50%	50%
Class IX - Surgical Implants	Not Covered	Not Covered	50%	50%	50%	50%
Missing Tooth Limitation Provision*	Not Covered	Not Covered	50%	50%	50%	50%
Late Entrant Provision*	Not Covered	Not Covered	50%	50%	50%	50%