

Delta Dental Basic Plan Summary of Coverage

Delta Dental Basic PPO Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network
Dental Benefit Highlights ¹	Based on the PPO maximum plan allowance – no balance billing	Based on the Premier maximum plan allowance – no balance billing	Based on Delta's non-participating maximum plan allowance; balance billing is possible
Diagnostic and Preventive Services <ul style="list-style-type: none"> ➤ Oral exams (all types), twice per calendar year ➤ Bitewing x-rays, one set per calendar year ➤ Prophylaxis (cleaning), twice per calendar year ➤ Fluoride application, once per calendar year for dependents under age 16 ➤ Emergency palliative treatment ➤ Space maintainers, once every 5 years for dependents under age 16 	100%	75%	75%
Basic Services <ul style="list-style-type: none"> ➤ Periapical x-rays as needed ➤ Full-mouth x-rays once every 3 years ➤ Sealants for dependent children under age 16, limited to non-decayed 1st and 2nd permanent molars once per tooth every 3 years ➤ Fillings: Synthetic porcelain, plastic restorations (white) on front teeth and amalgam (silver) on molar teeth ➤ Simple extractions 	50%	50%	50%
Major Services <ul style="list-style-type: none"> ➤ Periodontics: treatment for diseases of gums and bone supporting the teeth ➤ Endodontics: root canal filling and pulpal therapy ➤ Surgical extractions and other oral surgery ➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years ➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage 	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person	\$75 per person	
Calendar Year Benefit Maximum	\$1,000 per person	\$500 per person	
Dependent Age Limit: End of the calendar year in which your dependent turns age 26.			

¹ This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. Should discrepancies arise, the SPD will govern.

Delta Dental Buy-Up Plan Summary of Coverage

Delta Dental Buy-Up PPO Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Non-Network
Dental Benefit Highlights¹	Based on the PPO maximum plan allowance – no balance billing	Based on the Premier maximum plan allowance – no balance billing	Based on Delta's non-participating maximum plan allowance; balance billing is possible
Diagnostic and Preventive Services <ul style="list-style-type: none"> ➤ Oral exams (all types), twice per calendar year ➤ Bitewing x-rays, one set per calendar year ➤ Prophylaxis (cleaning), twice per calendar year ➤ Fluoride application, once per calendar year for dependents under age 16 ➤ Emergency palliative treatment ➤ Space maintainers, once every 5 years for dependents under age 16 	100%	80%	80%
Basic Services <ul style="list-style-type: none"> ➤ Periapical x-rays as needed ➤ Full-mouth x-rays once every 3 years ➤ Sealants for dependent children under age 16, limited to non-decayed 1st and 2nd permanent molars once per tooth every 3 years ➤ Fillings: Synthetic porcelain, plastic restorations (white) on front teeth and amalgam (silver) on molar teeth ➤ Simple extractions 	80%	60%	60%
Major Services <ul style="list-style-type: none"> ➤ Periodontics: treatment for diseases of gums and bone supporting the teeth ➤ Endodontics: root canal filling and pulpal therapy ➤ Surgical extractions and other oral surgery ➤ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in 7 years ➤ Prosthetics: bridges and dentures; a replacement will be covered only once in 7 years, but not during the first 12 months of coverage 	50%	50%	50%
Orthodontic Services <ul style="list-style-type: none"> ➤ For dependent children to age 19 that begin treatment while covered by this Buy-Up Plan² 	50%	50%	50%
Calendar Year Deductible (applies to Basic and Major Services only)	\$50 per person	\$75 per person	
Calendar Year Benefit Maximum	\$1,000 per person	\$500 per person	
Orthodontic Lifetime Maximum	\$1,000 per eligible dependent	\$1,000 per eligible dependent	
Dependent Age Limit: End of the calendar year in which your dependent turns age 26.			

¹ This is intended to be a summary only. Please refer to your Summary Plan Description (SPD) for a more complete listing of services, including plan limitations and exclusions. Should discrepancies arise, the SPD will govern.

² Orthodontic benefits are limited to treatment plans that begin while the eligible dependent is covered by the Buy-Up Plan. Orthodontic benefits are limited to treatment plans that begin on or after the effective date of the Buy-Up Plan, January 1, 2012. Treatment already in progress is not eligible.

Delta Dental Networks

DELTA DENTAL PPOSM NETWORK

Comprised of a select panel of dentists, over 207,000 dental offices nationwide participate in the Delta Dental PPOSM program. Delta Dental will provide the highest level of benefits (see benefit highlights) for covered services when care is received from a Delta Dental PPOSM dentist. These dentists agree to:

- **Accept payment based on the applicable PPOSM Maximum Plan Allowance** – under this network, fewer dollars accumulate towards your annual benefit maximum, your out-of-pocket expenses are typically less and you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

Your out-of-pocket expenses will be lowest when you see a Delta Dental PPOSM dentist.

DELTA DENTAL PREMIER[®] NETWORK

Comprised of over 292,000 participating dental offices nationwide, Delta Dental Premier[®] offers you greater access to dentists while still offering the advantages of a network. These dentists have participating agreements with Delta Dental which require them to:

- **Accept payment based on the applicable Premier[®] Maximum Plan Allowance** – these dentists have agreed to accept this as payment in full which means you are protected from balance billing.
- Submit dental claims for members and abide by Delta Dental's policies.
- Charge members only their deductible, co-insurance, and costs for non-covered services at the time of visit because Delta Dental pays the dentist directly.

The Delta Dental Premier[®] Network offers you cost control and claims filing advantages as noted above. However, your out-of-pocket expenses (deductibles and coinsurance amounts) may be higher with a Premier[®] dentist, based upon your plan design.

NON-PARTICIPATING DENTIST

If you receive services from a non-participating dentist (does not participate in either Delta Dental network):

- You may be responsible for filing your own claim forms.
- Delta Dental's benefit payment will be made directly to you.
- Benefit payments will be based on Delta Dental's non-participating Maximum Plan Allowance.
- You will be responsible for the difference between the dentist's charge and Delta Dental's non-participating Maximum Plan Allowance.

Your out-of-pocket expenses may be more when you use a non-participating dentist.