

|                              |   |
|------------------------------|---|
| Plan Benefit Highlights for: | <b>PPO (\$1,700/\$1,500) no Orthodontic</b>   |
| <b>Group No:</b>             | <b>Direct Bill Retiree</b>  |
| <b>Network:</b>              | <b>PPO/Premier</b><br>*The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO) |

|   |  |                     |
|---|--|---------------------|
| <b>Eligibility</b>                                  | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age <b>26</b>  |                     |
| <b>Deductibles</b><br>Deductibles waived for D & P? | N/A  |                     |
| <b>Maximums</b>                                     | The maximum benefit paid per calendar year is <b>\$1,700*</b> per person in-network (This amount includes the additional \$200 for using a PPO dentist. See note above under Network)<br>The maximum benefit paid per calendar year is <b>\$1,500</b> per person out-of-network. |                     |
| <b>Waiting Period(s)</b>                            | Basic Benefits<br>None   | Major Benefits None |

| <b>Benefits and Covered Services*</b>  | <b>Delta Dental PPO dentists**</b>                           | <b>Non-Delta Dental dentists**</b> |
|--|--|------------------------------------|
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, 2 cleanings per cal year, x-rays | 100 %  | 100%                               |
| <b>Basic Services</b><br>Fillings, simple tooth extractions, sealants                              | 100 %  | 100%                               |
| <b>Endodontics</b> (root canals) Covered<br>Under Basic Services                                   | 100 %  | 100%                               |
| <b>Periodontics</b> (gum treatment) Covered<br>Under Basic Services                                | 100 %  | 100%                               |
| <b>Oral Surgery</b><br>Covered Under Basic Services  | 100 %  | 100%                               |
| <b>Major Services</b><br>Crowns, inlays, onlays, and cast restorations                             | 100 %  | 100%                               |
| <b>Prosthodontics</b><br>Bridges, dentures, implants   | 50 %   | 50%                                |
| <b>Dental Accident Benefits</b>  | 100% (separate \$1,000 maximum per person per calendar year) |                                    |

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

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.