

Plan Benefit Highlights for:	PPO Incentive Unlimited, with Orthodontic
Group No:	Active and Cobra, Retirees(exclude orthodontic)
Network:	Premier

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$Unlimited per person in-network***	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	In-PPO Premier Network**	Non-Delta Providers**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100% UCR
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100% UCR
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100% UCR
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100% UCR
Oral Surgery Covered Under Basic Services	70-100 %	70-100% UCR
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100% UCR
Prostodontics Bridges, dentures, implants	50 %	50% UCR
Orthodontic Benefits Dependent children	50 %	50%
Orthodontic Maximums	Separate \$500 Lifetime maximum per person	
Dental Accident Benefits	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.
 ***Implants are paid at 60% in-PPO network limited to a \$2,000 annual maximum, /50% Non-PPO and out-of-network limited to a \$2,000 annual maximum.

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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.