

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

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%.

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

<b>Benefits and Covered Services*</b>	<b>In-PPO Premier Network**</b>	<b>Non-Delta Providers**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, <b>2</b> cleanings per cal year, x-rays	70-100 %	70-100% UCR
<b>Basic Services</b> Fillings, simple tooth extractions, sealants	70-100 %	70-100% UCR
<b>Endodontics</b> (root canals) Covered Under Basic Services	70-100 %	70-100% UCR
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	70-100 %	70-100% UCR
<b>Oral Surgery</b> Covered Under Basic Services	70-100 %	70-100% UCR
<b>Major Services</b> Crowns, inlays, onlays, and cast restorations	70-100 %	70-100% UCR
<b>Prosthodontics</b> Bridges, dentures, implants	50 %	50% UCR
<b>Orthodontic Benefits</b> <b>Dependent children</b>	<b>75 %</b>	<b>50%</b>
<b>Orthodontic Maximums</b>	Separate <b>\$750</b> Lifetime maximum per person	
<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.
- \*\*\*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.

Delta Dental of California 100 First St. San Francisco, CA 94105	<b>Customer Service</b> <b>866-499-3001</b>	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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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.