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| Plan Benefit Highlights for: | PPO \$3,000 with Orthodontic |
| Group No: | Active and Cobra, (Retirees - exclude Orthodontic) |

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| Eligibility | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26 | | |
| Deductibles | In-Network: N/A | | |
| | Out-of-Network: \$25 per person, \$75 per family, per plan year | | |
| Deductibles waived for D & P? | In-Network: N/A | | |
| | Out-of-Network: No | | |
| Maximums | The maximum benefit paid per calendar year is \$3,000 per person in-network The maximum benefit paid per calendar year is \$1,000 per person out-of-network | | |
| Waiting Period(s) | Basic Benefits | Major Benefits | Orthodontics |
| | None | None | None |
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| Benefits and Covered Services* | In-PPO Network** | Out-of-PPO Network** |
|---|--|-----------------------------|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays | 100 % | 50 % |
| Basic Services Fillings, simple tooth extractions, sealants | 100 % | 50 % |
| Endodontics (root canals) Covered Under Basic Services | 100 % | 50 % |
| Periodontics (gum treatment) Covered Under Basic Services | 100 % | 50 % |
| Oral Surgery Covered Under Basic Services | 100 % | 50 % |
| Major Services Crowns, inlays, onlays and cast restorations | 100 % | 50 % |
| Prosthetics Bridges, dentures, implants | 50 % | 50 % |
| Orthodontic Benefits Adults and dependent children | 50% | 50% |
| Orthodontic Maximums | Separate \$1,000 Lifetime maximum per person | |
| Dental Accident Benefits | 100% (separate \$1,000 maximum per person per calendar year) | 50% |

* 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 non-Delta Dental dentists.

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