

| | |
|-------------------------------------|--|
| Plan Benefit Highlights for: | PPO Unlimited with Orthodontic |
| Group No: | Active and Cobra (Retirees exclude Orthodontic) |

| | | | |
|-------------------------------|---|------------------------|----------------------|
| 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 \$Unlimited per person in-network*** The maximum benefit paid per calendar year is \$1,000 per person out-of-network | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits None | Orthodontics None |

| Benefits and Covered Services* | In-PPO Network** | Out-of-PPO Network** |
|--|--|-----------------------------|
| Diagnostic & Preventive Services (D & P) Exams, (2) cleanings per cal-year, 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 % |
| Prosthodontics Bridges, dentures, implants*** | 60 % | 50 % |
| Orthodontic Benefits Dependent children only | 50% | 50% |
| Orthodontic Maximums | Separate \$1,000 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 non-Delta Dental dentists.
- *** Implants are paid at 60% in-network limited to a \$2,000 annual maximum /50% out-of-network limited to a \$1,000 annual maximum.

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

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.