

Summary of PPO Plan Benefits

Benefit	Program E	
	High/Low Plan	
	High	Low
Employer Contributions	50% to 100%	50% to 100%
Diagnostic and Preventive Services* Oral examinations X-rays Prophylaxis (cleanings) Fluoride treatment	100%	100%
Basic Services Fillings Denture repair Sealants	80%	50%
Major Services* Crowns, jackets and cast restorations Prosthetic services (dentures and bridges)	50%	50%
Endodontics/Periodontics/Oral Surgery* (covered under)	Basic	Basic
Waiting Period	None	None
Deductible Waived for diagnostic and preventive services?	\$50/ \$150 Yes	\$75/ \$225 Yes
Annual Maximum (select one option)	\$1,000 or \$1,500**	\$750 or \$1,000**
Child Orthodontic Benefit* (Optional — if selected, choose maximum) Child ortho benefit Coverage level Lifetime ortho maximum — select one option Calendar year maximum	50% \$1,000 or \$1,500*** Not Applicable	50% \$750 or \$1,000*** Not Applicable
Available Reimbursement Options/Fee Basis (choose one)	PPO In/PPO Out or PPO In/UCR Out	
Available Rate Tier Options	2, 3 or 4 tier	

*Subject to Delta Dental's limitations, exclusions and usual processing policies.

**Only available on a PPO In/PPO Out option for employer contributions from 50% to 74.9%.

***Only for employer contributions of 75% or more.

¥Waiting periods are calculated from each primary enrollee's effective date in the dental program as reported by the employer.

†Orthodontic maximum is included in annual maximum. Amounts applied towards orthodontic maximums are also applied to calendar year maximum.

Delta Dental Insurance Company (Delta Dental) underwrites and administers the Delta Dental PPO and Delta Dental Premier fee-for-service programs in Alabama, Florida, Georgia, Louisiana, Nevada and Utah. In Texas, Delta Dental underwrites and administers DPO (Delta Provider Organization) programs.

BENEFITS AND LIMITATIONS

Diagnostic and Preventive Services

Diagnostic services covered by the plan include:

- **Oral examinations** Delta Dental will cover no more than two oral exams done in any calendar year while the enrollee is covered by any Delta Dental program.
- **X-rays** Full mouth x-rays or panoramic x-rays will be provided by the dentist when required, but Delta Dental will only pay for these services once every five years. Bitewing x-rays are limited to twice in any calendar year when provided to enrollees under age 18 and once every calendar year for enrollees that are age 18 and over.
- **Emergency exams**

Preventive Services covered by the plan include:

- **Prophylaxis treatments (cleanings)** Delta Dental will cover no more than two cleanings in any calendar year while the enrollee is covered by any Delta Dental program. Periodontal cleanings done in the presence of inflamed gums are considered to be periodontal treatment for payment purposes.
- **Fluoride treatments** *Benefit Limitation:* Topical application of fluoride solutions is limited to eligible persons under age 19.
- **Space maintainers**

Basic Services

Basic services covered under the plan include:

- **Restorative Services** Amalgam, synthetic porcelain, plastic fillings, and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay).
- **Palliative Services** Treatment to relieve pain
- **Denture Repair** Repair of partial or complete dentures, including rebase procedures and relining.
- **Sealants** Protective coating for posterior molar teeth. *Benefit Limitation:* Sealants are available to eligible persons through age 15. The benefit includes the application of sealants to permanent posterior molar teeth with no caries (decay), with no restorations and with the occlusal surface intact. The sealants benefit does not include the repair or replacement of a sealant on any tooth within two years of its application.
- **General Anesthesia** When administered by a dentist for a covered oral surgery procedure.

Endodontics / Periodontics / Oral Surgery

- **Endodontic Services** Treatment of the tooth pulp
- **Periodontic Services** Treatment of gums and bones supporting the teeth
- **Oral Surgery** Extractions and certain other surgical procedures, including pre- and post-operative care.

Major Services

Major services covered by the plan include:

- **Crowns, Jackets and Cast Restorations** Crowns, jackets and cast restorations are for the treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain, plastic restorations, or prefabricated stainless steel restorations. *Benefit Limitation:* Delta Dental will not pay to replace any crown, jacket or cast restoration that the enrollee received in the previous five years.
- **Prosthodontic Services** Procedures for construction of fixed bridges, partial and complete dentures and repair of fixed bridges. *Benefit Limitation:* Delta Dental will not pay to replace any bridge or denture that the enrollee received in the previous five years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures; but Delta Dental will credit the cost of a single crown or a standard complete or partial denture that would have been allowed under this plan toward the cost of an implant and related services (coinsurance amounts apply).

Orthodontic Services

(Where orthodontic benefit option for dependent children is selected by employer)

Orthodontic services covered by the plan include:

- Procedures performed by a dentist using appliances to treat poor alignment of teeth and/or jaws which significantly interferes with their function. *Benefit Limitations:* The maximum amount payable for each enrollee during enrollee's lifetime is shown in the schedule of benefits. Payment for orthodontics is provided monthly. Orthodontic benefits begin with the first payment due after the person becomes covered, if treatment has begun. Benefits end with the next payment due after loss of coverage. Benefits end immediately if treatment stops or if this contract is terminated.

Benefits are not paid to repair or replace any orthodontic appliance received under this contract. X-rays or extractions are not subject to the orthodontic maximum.

LIMITATIONS ON ALL BENEFITS

Optional Services

In general, optional services are not covered benefits. If an eligible person selects a more expensive plan of treatment than is customarily provided, or chooses specialized techniques rather than standard procedures, Delta Dental will pay the applicable percentage of the lesser fee. The enrollee is responsible for the remainder of the dentist's fee. (examples: electing a crown where an amalgam filling would restore the tooth; a precision denture where a standard denture would suffice; a composite restoration instead of an amalgam restoration on posterior teeth.)

SERVICES NOT COVERED (Exclusions)

Delta Dental does not pay benefits for:

- Services for injuries or conditions which are compensable under Workers' Compensation or Employers' Liability Laws; services which are provided to the eligible person by any federal or state government agency or are provided without cost to the eligible person by any municipality, county or other political subdivision, except as exclusion may be prohibited by law.
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth). This does not include services provided to newborn children for congenital defects or birth abnormalities or those services provided under the Orthodontic Benefits, if covered.
- Services for restoring tooth structure lost from wear, erosion or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration, occlusal adjustment and periodontal splinting.
- Any single procedure started prior to the date the person became eligible for such services under the contract.
- Prescribed drugs, medication or analgesia.
- Experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgery services.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Diagnosis or treatment of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues (MPD-TMJ).
- Services performed by any person other than a dentist (Doctor of Dentistry) or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Orthodontic services (treatment of the malalignment of teeth and/or jaws), unless orthodontic benefit is selected and benefits are specified in the program design.
- Implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis), their removal or other associated procedures.