

Option 2

No deductible if services were provided by Delta Dental PPO Dentist. If services are provided by other dentists, a calendar year deductible of \$50.00 applies to non-Diagnostic and Preventive benefits.

| | PPO Network Dentist | Out of PPO Network |
|--|------------------------|-----------------------|
| Diagnostic and Preventive Services (frequencies shown below) | 100% | 50% |
| Emergency treatment for relief of pain | | |
| Routine Exams, Cleaning | | |
| Bitewing X-rays, Full Mouth X-rays | | |
| Fluoride Treatment | | |
| Space Maintainers | | |
| Basic Dental Services | 80% | 50% |
| Restorative – Amalgam or Synthetic Fillings | | |
| Sealants (frequencies shown below) | | |
| Oral Surgery | | |
| Extractions, Impacted Teeth, Cysts and Neoplasms | | |
| Alveolar/Gingival Reconstructions | | |
| Periodontics | | |
| Includes treatment for diseases of the gums | | |
| Endodontics | | |
| Root Canals and Pulpal Therapy | | |
| Major Dental Services | 50% | 50% |
| <small>(May be subject to a 12-month waiting period, waived if NW is in the plan name on your wallet card)</small> | | |
| Restorative – Crowns, Inlays, Onlays and Cast restorations | | |
| Prosthodontics – Dentures, Partials and Implants | | |
| Calendar Year Maximum Benefit per individual | \$1500 | |

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|--------------------|-------------------|--|
| Frequencies | Examinations | 2 in a calendar year |
| | Bitewing X-rays | 2 in a calendar year (for children to age 18) 1 in a calendar year (for adults) |
| | Full Mouth X-rays | 1 in 5 years |
| | Cleanings | 2 in a calendar year (includes perio cleaning) |
| | Sealants | On permanent 1 st molars through age 8 On permanent 2 nd molars through age 15 Repair or replacement of sealant within 2 years is included in the fee for the sealant. |

A more comprehensive description of the benefits and limitations referred to on this page will be found in the Certificate of Insurance which is available for download at 'My Benefits' on www.DVINS.com.

Get information about your plan anytime, anywhere by signing up for an Online Services account at deltadentalins.com. This free service lets you check benefits and eligibility information, find a network dentist and more. This document is not a guarantee of covered benefits, services or payments.

About the Delta Dental Preferred Provider Program

Employees can utilize any provider they wish. To enjoy the maximum benefits of the plan, employees should utilize Delta Dental PPO providers. Delta Dental PPO dentists accept fees that are more deeply discounted than the fees accepted by dentists who participate in the larger Delta Premier network. Employees who visit a non-PPO dentist can save more by visiting a Premier dentist than they can by visiting a non-Delta Dental dentist. The plan provides maximum network access while offering deeper savings within the PPO network and a level of cost protection with the Premier network. Delta Dental PPO dentists are in-network and are reimbursed at the lesser of the submitted charge or the PPO provider's contracted fee. Delta Dental Premier dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the Premier provider's contracted fee. Non-contracted dentists are out-of-network and are reimbursed at the lesser of the submitted charge or the fee that satisfies a majority of the dentists with the same training and geographical area.

To use the PPO program, just call the dental office of your choice and make an appointment. When you call a PPO dentist for an appointment, please confirm that the dentist participates in the Delta PPO network. During your first appointment, give your dentist the primary enrollee's social security number or Alternative ID shown on your wallet card. If you wish to obtain a list of Delta Preferred dentists in your area, please search on the web site at www.deltadentalins.com or call 800-427-3237.

Understand Transition of Care

Did you start on a dental treatment plan before your coverage kicked in? Multi-stage procedures are only covered under your current plan if treatment began after your plan's effective date of coverage.

Services that are not covered

Although your program covers many of the most commonly needed services, some services are not covered. If you are unsure whether a particular procedure is covered, or how much of it is paid for by your program, check with Delta Dental before proceeding.

The following are not covered by the program:

- Services for injuries or conditions covered under Workers' Compensation or Employer's Liability Laws
- Cosmetic surgery or dentistry or services to correct congenital malformation
- Experimental procedures
- Therapeutic drugs, premedication or pain relievers
- Hospital costs or extra charges for hospital treatment
- Anesthesia (except for general anesthesia for oral surgery)
- Extra-oral grafts
- Treatment related to the temporomandibular joint (TMJ)

Claims Administration by Delta Dental Plan of California

Web Site: www.deltadentalins.com

PO Box 997330 Sacramento CA 95899 Toll free Phone number: 800-765-6003

Premium Administration by: Wolfpack Insurance Services, Inc.

Web Site: www.DVINS.com

P.O. Box 156, Belmont CA 94002 Toll Free Phone number: (800) 296-0192

Serviced by: **DentalandVisionIns.com**

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