

Plan Year 7/1/2024 – 6/30/2025

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| PLAN YEAR MAXIMUM BENEFIT | | \$2,000 per person – Services must be received by a PPO dentist. |
| ORTHODONTIC LIFETIME MAXIMUM Children to age 19 | | \$2,000 per person – Treatment must be received by a PPO dentist. Orthodontia benefits already paid under either option will be applied under this plan's lifetime maximum. |
| PLAN YEAR DEDUCTIBLE Applies to Basic and Major Services | | Per Person Deductible: \$25 There is no family deductible limit. Deductible will not be taken on services for children to age 13. |
| PPO MEMBER COST Services are not covered outside the PPO network. | COVERED SERVICES | BENEFIT INFORMATION (Subject to Delta Dental guidelines) |
| PREVENTIVE AND DIAGNOSTIC SERVICES - Preventive and Diagnostic services do not apply to Plan Year Maximum | | |
| 0% | Oral Evaluation | Limited to 2 evaluations in a plan year. |
| | Bitewing X-rays | Limited to 1 set in a plan year. |
| | Full Mouth or Panoramic X-rays | Limited to 1 in a 60-month period. |
| | Routine Cleaning | Limited to 4 cleanings in a plan year. |
| | Fluoride Treatments | Limited to 2 treatments in a plan year, for adults and children. |
| | Space Maintainers | For premature loss of baby back teeth only under age 14. |
| | Sealants | 1 per tooth in 36 months under age 15 on unrestored permanent molars. |
| BASIC SERVICES - Fillings, Endodontics (Root Canal), Periodontics (Gum Disease), and Oral Surgery (Extractions) | | |
| 30% | Amalgam, Resin and Composite Fillings | Benefit on the same surface limited to 1 in 12 months on posterior teeth. |
| | Oral Surgery (Extractions) | |
| | General Anesthesia | Benefit with covered oral surgery only. |
| | Surgical Periodontal (gums) | Benefit once per quadrant every 36 months. |
| | Root Canal Therapy | Benefit once per tooth. |
| MAJOR SERVICES - Crowns, Bridges, Partials, Dentures, Implants | | |
| 50% | Crowns | Benefit 1 per tooth in 60 months on same tooth. Not a benefit under age 12. |
| | Dentures, Partials, Bridges | Benefit 1 in 60 months. Not a benefit under age 16. |
| | Bridge/Denture Repair | Benefit after 6 months from insertion. |
| | Denture Rebase/Reline | Benefit 6 months after initial insertion then benefit 1 in 36 months. |
| | Implants | Benefit 1 per tooth in 60 months on the same tooth. Not covered under age 16. |
| ORTHODONTICS - Braces For Children to age 19 only | | |
| 50% | Complete orthodontic evaluation | |
| | Active orthodontic treatment | |

The PPO percentage of benefits is based on the PPO Schedule of Allowances.

Right Start 4 Kids: Covers children up to their 13th birthday at 100% with no deductible (for the same services outlined in the plan, up to the annual maximum, and subject to limitations and exclusions). The child must see a Delta Dental PPO or Premier provider to receive the 100% coinsurance. If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontics is not covered at 100% but at the plan's listed coinsurance.

Important Note: This form provides only a brief description of services covered under your contract and does not list those services that are limited or excluded from coverage. Your employee benefit booklet provides a more complete explanation of your coverage, including limitations and exclusions. If differences exist between this summary of benefits and your employee benefit booklet, the benefit booklet will govern.