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|----------------------------|-----------------------|--|
| <b>Maximum Benefit</b>     | Calendar-year Maximum | \$1,500 per member, per calendar year  |
| <b>Deductible</b>          | Calendar-year Maximum | Individual Deductible – \$50.00 Combination of in and out-of-network<br>Family Deductible – \$150.00 Combination of in and out-of-network  |
| <b>Right Start 4 Kids®</b> | Included              | 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% reimbursement. <small>Member must be under 13 years of age as of 12/31/2021.</small> |
| <b>Prevention First</b>    | Included              | Diagnostic and Preventive services do not count against the annual maximum when you see a PPO or Premier provider for all services.  |

|   | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Non-Participating Dentist | Benefit Limitations (Subject to Delta Dental guidelines)   |
|---|---------------------------|-------------------------------|---------------------------|--|
| <b>Diagnostic &amp; Preventive Services</b> |                           |                               |                           |  |
| Oral Exams                                  | 100%                      | 100%                          | 100%                      | Twice each in a calendar year.   |
| Cleanings                                   | 100%                      | 100%                          | 100%                      | Twice each in a calendar year. Two additional cleanings may be covered for those with a documented Evidence Based Dentistry (EBD) condition. |
| Bitewing X-rays                             | 100%                      | 100%                          | 100%                      | Once in a calendar year  |
| Full Mouth X-rays                           | 100%                      | 100%                          | 100%                      | Once in a 5-year period  |
| Fluoride                                    | 100%                      | 100%                          | 100%                      | Twice in a calendar year, through age 15   |
| Sealants                                    | 100%                      | 100%                          | 100%                      | Once per tooth in a 36-month period for unrestored permanent molars, through age 15  |
| Space Maintainers                           | 100%                      | 100%                          | 100%                      | One per quadrant, per lifetime to maintain space for eruption of permanent posterior teeth, through age 13                                   |
| <b>Basic Services</b>                       |                           |                               |                           |  |
| Fillings                                    | 80%                       | 80%                           | 80%                       | Once per tooth in a 12-month period; composite (white) fillings  |
| Simple Extractions                          | 80%                       | 80%                           | 80%                       |  |

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|--|---------------------------|-------------------------------|---------------------------|---|
| <b>Basic Services</b>                        |                           |                               |                           |   |
| Oral Surgery                                 | 80%                       | 80%                           | 80%                       |   |
| Endodontics                                  | 80%                       | 80%                           | 80%                       |   |
| Periodontics                                 | 80%                       | 80%                           | 80%                       |   |
| <b>Major Services</b>                        |                           |                               |                           |   |
| Crowns                                       | 50%                       | 50%                           | 50%                       | Once per tooth in 5-year period. Not a benefit under age 12.  |
| Dentures                                     | 50%                       | 50%                           | 50%                       | Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable |
| Bridges                                      | 50%                       | 50%                           | 50%                       | Once in a 5-year period, only when existing prosthesis cannot be made serviceable. Fixed bridges or removable |
| Implants                                     | 50%                       | 50%                           | 50%                       | Once per tooth in a 5-year period. Not a benefit under age 16.  |
| <b>Orthodontics \$1,500 Lifetime Maximum</b> |                           |                               |                           |   |
| Orthodontics                                 | 50%                       | 50%                           | 50%                       | For covered children to age 19.   |
| <b>Additional Benefits</b>                   |                           |                               |                           |   |
| Periodontal Maintenance                      | 100%                      | 100%                          | 100%                      | Limited to 4 in a calendar year   |
|  |                           |                               |                           |   |
|  |                           |                               |                           |   |
|  |                           |                               |                           |   |

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist – Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.  
Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist – Payment is based on the non-participating allowable amount using custom percentile pricing. Members are responsible for the difference between the full fee charged by the provider and the non-participating allowable amount. You will receive the best benefit by choosing a PPO provider.

Members may add coverage once a year at Open Enrollment. Coverage may only be dropped by an employee or dependent with proof of qualifying event.

This is a brief description of the services covered under the dental plan. Please refer to the Benefit Booklet for full plan details. If differences exist between this summary and the Benefit Booklet, the Benefit Booklet will govern.