

|                                     |                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Plan Benefit Highlights for:</b> | <b>PPO Incentive (\$2,500/\$2,000) with Orthodontic</b>                                                                                                                                                                                                                                                               |
| <b>Group No:</b>                    | <b>Active, Retirees, and COBRA</b>                                                                                                                                                                                                                                                                                    |
| <b>Network:</b>                     | <b>PPO/Premier</b><br>*The plan provides an additional \$500 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO) |

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

|                               |                                                                                                                                                                                                                                                                                 |                        |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>Eligibility</b>            | Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age <b>26</b>                                                                                                                                                                           |                        |
| <b>Deductibles</b>            | N/A                                                                                                                                                                                                                                                                             |                        |
| Deductibles waived for D & P? | N/A                                                                                                                                                                                                                                                                             |                        |
| <b>Maximums</b>               | The maximum benefit paid per calendar year is <b>\$2,500*</b> per person in-network (this amount includes the additional \$500 for using a PPO dentist. See note above under Network)<br>The maximum benefit paid per calendar year is <b>\$2,000</b> per person out-of-network |                        |
| <b>Waiting Period(s)</b>      | Basic Benefits<br>None                                                                                                                                                                                                                                                          | Major Benefits<br>None |

| <b>Benefits and Covered Services*</b>                                                              | <b>Delta Dental PPO dentists**</b>                           | <b>Non-Delta Dental dentists**</b> |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------|
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, 2 cleanings per cal year, x-rays | 70-100 %                                                     | 70-100%                            |
| <b>Basic Services</b><br>Fillings, simple tooth extractions, sealants                              | 70-100 %                                                     | 70-100%                            |
| <b>Endodontics</b> (root canals)<br>Covered Under Basic Services                                   | 70-100 %                                                     | 70-100%                            |
| <b>Periodontics</b> (gum treatment) Covered Under Basic Services                                   | 70-100 %                                                     | 70-100%                            |
| <b>Oral Surgery</b><br>Covered Under Basic Services                                                | 70-100 %                                                     | 70-100%                            |
| <b>Major Services</b><br>Crowns, inlays, onlays, and cast restorations                             | 70-100 %                                                     | 70-100%                            |
| <b>Prosthodontics</b><br>Bridges, dentures, implants                                               | 50 %                                                         | 50%                                |
| <b>Orthodontic Benefits</b><br>Adults and dependent children                                       | 100 %                                                        | 100%                               |
| <b>Orthodontic Maximums</b>                                                                        | Separate <b>\$1,000</b> Lifetime maximum per person          |                                    |
| <b>Dental Accident Benefits</b>                                                                    | 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 out-of-network dentists.

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.