

PLAN B PRIME - C (with orthodontia)

SUMMARY OF COVERAGE

| | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
|---|---------------------------|-------------------------------|------------------------|
| Deductible per person per calendar year | \$25* | \$50 | \$50 |
| Annual Benefit Maximum with To GoSM** per person per calendar year | \$2,000 | | |

BENEFIT CATEGORIES

Coinsurance paid by member

| | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
|---|--|-------------------------------|------------------------|
| Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy) | 0% | 10% | 30% |
| Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery) | 20% | 30% | 50% |
| Posterior Composites (tooth-colored filling on back teeth) | 50% | 60% | 70% |
| Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings) | 50% | 50% | 60% |
| Periodontal Services (gum and bone diseases, complex procedures) | 50% | 50% | 60% |
| High Cost Restorations (cast restorations – crowns, inlays, onlays, posts, cores) | 50% | 50% | 60% |
| Prosthetics (bridges, dentures) | 50% | 50% | 60% |
| Implants | 60% | 60% | 70% |
| Corrective Orthodontia Benefit & Lifetime Maximum up to age 19 | 50% coinsurance and \$2,500 lifetime maximum | | |
| Enhanced Benefits Program (extra dental benefits based on medical conditions) | Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis | | |

C = Corrective Orthodontia

* Deductible is waived for all diagnostic and preventive care.

** To GoSM annual maximum carryover - see Benefits Certificate for details.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.

