Outline of Coverage
Delta Dental PPO Plus Premier Network

Read Your Dental Plan Description Carefully—This Outline of Coverage provides a very brief description of the important features of your dental benefits plan. This is not the insurance contract, and only the actual policy provisions will control. The Dental Plan Description itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you READ YOUR Dental Plan Description CAREFULLY! Not all time limitations and exclusions are shown herein. Benefit percentages shown are based on the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental’s allowance for non-participating dentists.

<table>
<thead>
<tr>
<th>Office Visit Copayment: N/A</th>
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<tbody>
<tr>
<td><strong>Diagnostic / Preventive</strong> (Coverage A)</td>
<td><strong>Basic Restorative</strong> (Coverage B)</td>
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<tr>
<td>No Deductible</td>
<td>No Deductible</td>
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**DIAGNOSTIC:**
- Evaluations two per calendar year; this includes periodic, limited, problem-focused, and comprehensive evaluations.
- X-rays (complete series or panoramic film) once in a 3-year period
- Bitewing x-rays twice per calendar year
- X-rays of individual teeth as necessary
- Brush biopsy once per calendar year

**PREVENTIVE:**
- Two cleanings per calendar year
- Fluoride once per calendar year to age 19
- Space maintainers once per lifetime to age 19
- Sealant application to permanent molars, once per lifetime for children to age 16

**EMERGENCY PALLIATIVE TREATMENT**
*Note: Expenses incurred for covered Diagnostic and Preventive services accrue to your annual maximum.*

**RESTORATIVE:**
- Amalgam and composite filings
- **ORAL SURGERY:** Surgical and routine extractions
- **ENDODONTICS:** Root canal therapy
- **PERIODONTICS:** Periodontal maintenance (cleaning)

**Note:** Cleanings are limited to two per calendar year; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.

- Treatment of gum disease
- Clinical crown lengthening once per tooth per lifetime
- **DENTURE REPAIR:** Repair of a removable denture to its original condition

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<tr>
<th>Delta Dental Pays: 100%</th>
<th>Delta Dental Pays: 80%</th>
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<tbody>
<tr>
<td>No Waiting Period</td>
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**Calendar Year Maximum:** $500
*Health through Oral Wellness* program included (please see reverse for details)

*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group’s original effective date, are subject to waiting periods, unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.*

DOC 010120
You will receive a Dental Plan Description booklet shortly after your enrollment or it can be located on your company intranet, if applicable. This Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

**Health through Oral Wellness** (HOW)

A healthy mouth is part of a healthy life, and Northeast Delta Dental’s innovative Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it’s based on your specific oral health risk and needs. Best of all, it’s secure and confidential. Here’s how to get started:

1. **REGISTER**
   Go to healththroughoralwellness.com and click on “Register Now.”

2. **KNOW YOUR SCORE**
   After you register, please take the free oral health risk assessment by clicking on “Free Assessment” in the Know Your Score section of the website.

3. **SHARE YOUR SCORE WITH YOUR DENTIST**
   The next step is to share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the risk assessment. Based on your risk, you may be eligible for additional preventive benefits.*

*Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy.

**Dental Plan Description Booklet**

You will receive a Dental Plan Description booklet shortly after your enrollment or it can be located on your company intranet, if applicable. This Dental Plan Description booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental plan.

**Who is Eligible?**

You, your spouse, domestic partner (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age.

**THIS INFORMATION SHOULD BE USED ONLY AS A GUIDELINE. FOR DETAILED INFORMATION ON THE TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS, PLEASE REFER TO THE APPROPRIATE DENTAL PLAN DESCRIPTION.**