

Calendar Year Deductible	
• Per Person	\$50
• Family Aggregate Maximum	\$150
Preventive & Diagnostic (No Deductible and excluded from calendar year maximum)	<u>Plan Pays:</u> 100%
• Exams, Cleanings, Bitewing X-Rays (2 per calendar year per person)	
• Fluoride Treatment (1 per calendar year for children to age 19)	
• Sealants (To age 16)	
• Emergency Treatment & Space Maintainers	
• Additional cleanings for certain conditions (up to 4 total in any combination)	
• <i>Periodontal Disease</i> : 2 additional periodontal cleanings per person per calendar year.	
• <i>Diabetes, Cardiovascular Disease, Pregnancy, certain oral cancer treatments</i> : 2 additional periodontal cleanings per person per calendar year.	
Remaining Basic (After Deductible)	80%
• Fillings, Extractions, Root Canals (Endodontics)	
• Periodontal, Oral Surgery	
• Repair of Dentures & Removable Prosthodontics	
Crowns & Prosthodontics (After Deductible)	60%
• Crowns, Inlays & Gold Restorations	
• Bridgework, Full & Partial Dentures	
Calendar Year Maximum (Per Person)	\$1,250
Implants	60%
• Separate Calendar Year Maximum	\$1,250
Orthodontia (Adult & Dependent Children)	
• Coinsurance	60%
• Lifetime Maximum - Child	\$3,000
• Lifetime Maximum - Adult	\$1,000

Dependent children are covered to age 26.

Carryover MaxSM from Delta Dental allows you to increase your benefits.

This valuable benefit feature allows you to carry over a portion of your unused standard annual maximum benefit limit into the next year, and beyond. You can accumulate part of your unused benefit dollars from a healthy year and use it for larger, more expensive procedures in the future- such as bridges, crowns, and root canals.

Carryover MaxSM is easy and automatic.

- To qualify for Carryover MaxSM, you must receive at least one cleaning or one oral exam during the plan year. If you don't receive a cleaning or exam, you won't be eligible to carry over any of your benefit dollars to the following year. If you fail to do so, any accumulated carryover will be lost.
- A covered person is eligible for the Carryover MaxSM benefit if less than half of the standard annual maximum is used in the prior benefit year.
- Carryover MaxSM allows you to carry over up to 25% of the unused portion of your standard annual maximum up to a maximum of \$500. For example, if your standard annual maximum is \$1,000, and you use \$200, you can carry over \$200 (\$800 x 25% = \$200)
- The accumulated amount can never exceed your standard annual maximum.
- Standard annual maximum dollars are used first. Carryover MaxSM dollars are used after the standard annual maximum is met.

Delta Dental has two networks available under this plan. The Delta Dental Premier[®] network is the largest of the Delta Dental networks with over 339,000 participating dentist offices nationally (80%+). Delta Dental PPOSM is a smaller, but more discounted network with over 269,000 participating dentist offices nationwide. Delta Dental's network discounts average 25% to 35% less.

You may use any fully licensed dentist under this plan, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at deltadentalct.com to locate participating dentists.

At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee's ID number.

Claim questions and other information needs should be directed to Delta Dental's customer service department at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In CT, Delta Dental of Connecticut writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.