### SUMMARY OF DENTAL BENEFIT PLANS

**2022 PLAN YEAR**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Delta Dental PPO</th>
<th>Western Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Type of Plan</strong></td>
<td>All Plans are insurance-type dental PPO plans, with prepayment of fees to Delta Dental of California.</td>
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<tr>
<td><strong>2. Choice of Provider</strong></td>
<td>Each person enrolled in the Plan has the freedom to select the services of any licensed dentist.</td>
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<tr>
<td><strong>3. Deductibles</strong></td>
<td>The Deductible is the amount of Covered Expenses which must be paid by a Covered Person before any benefits are available under the Plan. Deductible is $35 per person per calendar year.</td>
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<td><strong>4. Maximum Benefit</strong></td>
<td>The Maximum Benefit which will be paid by the Plan is $0 per person per calendar year; however, if a Covered Person is concurrently covered as an Employee and as the spouse or Domestic Partner of another Covered Person, the Maximum Benefit is $150 per calendar year under each Employer’s Plan.</td>
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<tr>
<td><strong>5. Preventive Services</strong></td>
<td>Coverage includes periodic oral examinations, routine cleanings, fluoride treatments, and sealants.</td>
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<tr>
<td><strong>6. Diagnostic Services</strong></td>
<td>Coverage includes X-rays, periodontal therapy, and other diagnostic procedures.</td>
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<tr>
<td><strong>7. Endodontics</strong></td>
<td>Coverage includes root canal therapy, including root canal fillings.</td>
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<tr>
<td><strong>8. Periodontics</strong></td>
<td>Coverage includes gum disease treatment and periodontal maintenance.</td>
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</table>

### Relevant Notes
- All services must be provided by a licensed dentist and must be performed by a specialist where indicated.
- Benefits are subject to plan limitations and other exclusions.
- Please refer to Evidence of Coverage for complete details.
1. FILLINGS, CROWNS, BRIDGES, DENTURES AND CAST Restorations

- Fillings, Crowns, Bridges, Dentures and Cast Restorations: Planned, 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental FFO Fee Allowance for non-PPO dentists). A change in your or your spouse's employment status including loss of employment or a change from full-time to part-time, or vice versa. A change in your or your spouse's employment status including loss of employment or a change from full-time to part-time, or vice versa.

2. REIMBURSEMENT OF DENTAL FEES

- Delta Dental pays 100% of charges by Delta Dental PPO Dentists (70% of Delta Dental FFO Fee Allowance for non-PPO dentists) for the basic fees/charges. Replacement of dental or partial denture requires the existing denture to be 5 years old or more. Replacement of crowns, inlays, and onlays requires the existing restoration to be 5 years old or more.

3. DENTAL CARE OUTSIDE OF SERVICE AREA

- Delta Dental's standard is to allow a tooth to be replaced by prosthetic procedures regardless of when the tooth was extracted. Replacement of a denture or partial denture requires the existing denture to be 5 years old or more. Implants are covered once every 5 years.

4. ORTHODONTIC

- Orthodontic treatment provided by a licensed dentist will not be reimbursed up to $100 per emergency. Additional charges may apply. Refer to Evidence of Coverage booklet for complete details.

5. ORAL SURGERY

- Oral surgery procedures. Replacement of a denture or partial denture requires the existing denture to be 5 years old or more. Implants are covered once every 5 years.

6. EXTRCTIONS

- Extraction of one or more partial or full bony impactions, (procedures D7230, D7240, D7421). No charge. Limited to 1 per person during any 12 consecutive months.

7. DENTAL IMPLANTS

- Dental implants are covered once every 5 years. Replacement of a denture or partial denture requires the existing denture to be 5 years old or more. Implants are covered once every 5 years.

8. ENROLLMENT REQUIREMENTS

- This plan will not provide benefits for any dental treatment which was begun prior to the effective date of coverage under this plan. Also see 9a, 9b and 9c above. Pre-existing conditions are covered, however Delta Dental will not provide benefits for any dental treatment which was begun prior to the effective date of coverage under this plan, with the exception of orthodontics. The plan does cover some orthodontic treatment in progress. Refer to Evidence of Coverage booklet for complete details.

9. CLAIMS INFORMATION

- None. Send documented bill when seeking reimbursement for emergency care. Note: For both a. and b. above, the member is responsible for up to $150 maximum copay for beginning and again for ending diagnostic records, including cephalometric x-rays and photographs. Pre-banding devices, appliance, therapy and tooth guidance appliances are NOT a covered benefit. Refer to Evidence of Coverage booklet for complete details.

10. OTHER GROUP INSURANCE

- Benefits are not coordinated. Benefits are not coordinated. Benefits are not coordinated.