

Plan Benefit Highlights for: Rim of the World Unified School District

Group No: 07023

Effective Date: 1/1/2014

DELTA DENTAL PPOSM
BENEFIT HIGHLIGHTS

In this incentive plan, Delta Dental pays 70% of the PPO contract allowance for covered diagnostic, preventive and basic services and 70% of the PPO contract allowance for 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%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that the dependent turns 26
Deductibles	PPO Network: N/A Non-PPO Network: \$100 per person / \$300 per family each calendar year
Deductibles waived for D & P?	PPO Network: N/A Non-PPO Network: Yes
Maximums	PPO Network: \$2,500 per person each calendar year Non-PPO Network: \$2,000 per person each calendar year

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	70-100 %	70-100 %
Basic Services Fillings, simple tooth extractions	70-100 %	70-100 %
Endodontics (root canals)	70-100 %	70-100 %
Periodontics (gum treatment)	70-100 %	70-100 %
Oral Surgery	70-100 %	70-100 %
Major Services Crowns, inlays, onlays and cast restorations	70-100 %	70-100 %
Prosthodontics Bridges and dentures, implants	50 %	50 %
Dental Accident Benefits	100 % (separate \$1,000 maximum per person each 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 non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
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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.