Dental benefits summary

Barry-Wehmiller Companies, Inc.PPO™ NetworkPremier® NetworkOut-of-NetworkBased on applicable PPO Maximum Plan Allowance - No balance billingBased on applicable Premier Maximum Plan Allowance - No balance billingBased on applicable Premier Maximum Plan Allowance - No balance billingBased on applicable NetworkBased on applicable Maximum Plan Allowance for Out-of- Network dentist -	Barry-Wehmiller Companies, Inc. PP0 TM Network Premier Network Out-of-Network Based on applicable PPO Maximum Plan Allowance - No balance Based on applicable PPO Maximum Plan Allowance + No balance Based on applicable PPO Allowance + No balance </th <th></th> <th>Delta Dental</th> <th>Delta Dental</th> <th></th>		Delta Dental	Delta Dental	
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Oral examinations (evaluations), twice in any benefit period (includes all types). One additional problem focused exam allowed per benefit period.Sitewing x-rays simited to one set, twice per benefit period Periapical-rays, as requiredImage: Set of the set of th	Oral examinations (evaluations), twice in any benefit period (includes all types). One additional problem focused exam allowed per benefit period.Bittewing x-rays illinited to one set, twice per benefit period Pereiplati x-rays, as required Full-mouth x-rays, once in three years (except as needed following oral surgery).Prophylasis (cleanings, scaling, and polishing including periodnall maintenance visits. Jukice in any benefit period. Two additional periodnatal maintenance visits. Jukice in any benefit period. Two additional periodnatal maintenance visits. Jukice in any benefit period. Two additional periodnatal maintenance visits. Jukice in any benefit period. Two additional cleanings are covered per year)100%80%80%• Emergency pallative treatment as needed dependent children under age 19, once in 5 years • Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, experiencing kidney faiture or undergoing dialysis, or have a history of periodontal therapy. To be eligible for the additional cleaning benefits your must submit a completed Self. Report form which can be obtained at yww. declandantano.com or by contacting customer service. If periodontal therapy has already been reported on your claims, the Self-Report form is not necessary. • Brush biopsy to detect oral cancer80%80%80%80%Major services • Periodontics • Endotontis • Denture repairs and augustnents, including rebase and relineSoke up to \$1.000\$0%\$0%\$0%Major services • Orthodontia • Prosthetics: bridges and dentures, once in 5 years • Crowns, Inlays, Onleys, once in 5 years • Crowns, Inlays, Onleys, once in 5 years • Crowns, Inlays, Onleys, once in 5 years • Crowns, Inlays,	Barry-Wehmiller Companies, Inc.	PPO Maximum Plan Allowance - No balance	Based on applicable Premier Maximum Plan Allowance - No balance	Based on applicable Maximum Plan Allowance for Out-of-
• Fillings • Periodontics • Endodontics • Oral surgery, including simple and surgical extractions • Denture repairs and adjustments, including rebase and reline80%80%Major services • Prosthetics: bridges and dentures, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Bruxism appliance50%50%50%Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,00050% up to \$1,00050% up to \$1,000Calendar year deductible (Applied to Basic and Major services)\$50 per person\$50 per person\$50 per person	• Fillings • Periodontics • Endodontics • Endodontics • Denture repairs and adjustments, including rebase and reline80%80%80%Major services • Prosthetics: bridges and dentures, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Bruxism appliance50%50%50%Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,000 After deductible50% up to \$1,000 After deductible50% up to \$1,000 After deductibleCalendar year deductible (Applied to Basic and Major services)\$1,000\$1,000\$1,000Annual maximum (Applied to Preventive, Basic and Major services)\$1,000\$1,000\$1,000	 Oral examinations (evaluations), twice in any benefit period (includes all types). One additional problem focused exam allowed per benefit period. Bitewing x-rays limited to one set, twice per benefit period Periapical x-rays, as required Full-mouth x-rays, once in three years (except as needed following oral surgery). Prophylaxis (cleanings, scaling, and polishing including periodontal maintenance visits), twice in any benefit period. Two additional periodontal maintenance visits allowed for patients who have a history of periodontal therapy (total # of prophylaxis not to exceed 4 per year) Topical fluoride treatments for patients under age 19, once in any benefit period Emergency palliative treatment as needed Space maintainers that replace prematurely lost teeth of eligible dependent children Sealants for dependent children under age 19, once in 5 years Two additional cleanings are covered per benefit period for patients who are pregnant, diabetic, have a suppressed immune system, experiencing kidney failure or undergoing dialysis, or have a history of periodontal therapy. To be eligible for the additional cleaning benefits you must submit a completed Self- Report form which can be obtained at <u>www.deltadentalmo.com</u> or by contacting customer service. If periodontal therapy has already been reported on your claims, the Self-Report form is not necessary. 	100%	80%	80%
• Prosthetics: bridges and dentures, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Bruxism appliance50%50%Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,000 After deductible50% up to \$1,000 After deductible50% up to \$1,000 After deductibleCalendar year deductible (Applied to Basic and Major services)\$50 per person\$50 per person\$50 per person	Prosthetics: bridges and dentures, once in 5 years Crowns, Inlays, Onlays, once in 5 years Bruxism appliance50%50%50%Orthodontia • Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,000 After deductible50% up to \$1,000 After deductible50% up to \$1,000 After deductible50% up to \$1,000 After deductibleCalendar year deductible (Applied to Basic and Major services)\$50 per person\$50 per person\$50 per personAnnual maximum (Applied to Preventive, Basic and Major services)\$1,000\$1,000\$1,000	 Fillings Periodontics Endodontics Oral surgery, including simple and surgical extractions 	80%	80%	80%
Orthodontia50% up to \$1,00050% up to \$1,00050% up to \$1,000• Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,00050% up to \$1,00050% up to \$1,000Calendar year deductible (Applied to Basic and Major services)\$50 per person\$50 per person\$50 per person	Orthodontia50% up to \$1,00050% up to \$1,00050% up to \$1,000• Orthodontia for dependent children under age 19 (lifetime maximum) • Separate Lifetime Deductible of \$50 per person50% up to \$1,000\$1,000After deductibleCalendar year deductible (Applied to Basic and Major services)\$50 per person\$50 per person\$50 per personAnnual maximum (Applied to Preventive, Basic and Major services)\$1,000\$1,000\$1,000	 Prosthetics: bridges and dentures, once in 5 years Crowns, Inlays, Onlays, once in 5 years 	50%	50%	50%
(Applied to Basic and Major services)	(Applied to Basic and Major services) \$1,000 \$1,000 Annual maximum (Applied to Preventive, Basic and Major services) \$1,000 \$1,000	Orthodontia Orthodontia for dependent children under age 19 (lifetime maximum)	\$1,000	\$1,000	\$1,000
	Annual maximum (Applied to Preventive, Basic and Major services)\$1,000\$1,000\$1,000\$1,000		\$50 per person	\$50 per person	\$50 per person
			\$1,000	\$1,000	\$1,000

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered.