Employers can choose to include dental coverage for their employees and offer them a selection of four great plans, two of which include Orthodontic coverage (PPO or FFS 1500). Their employees can select the right plan based on their needs, be it availability of their dentist, cost or level of care.

**PPO 1500 & 1000** - The Delta Dental PPO Plans offer the freedom to visit any dentist, with a cost savings incentive for choosing a dentist who is a part of the Delta Dental Preferred network.

### PLAN BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>PPO 1500</th>
<th>PPO 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Maximums</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Per Patient</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Orthodontics Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Per Family</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>D&amp;P Exempt from Deductible?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Diagnostic and Preventative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam/Chewing/Bitewing X-Rays</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Other X-rays</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>90%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns and Cast Restorations</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetics</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics (Children Only)</td>
<td>50%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**PLEASE SEE PAGES 6 AND 7 FOR DETAILED COVERAGE LIMITATIONS AND EXCLUSIONS**
Dental PPO 1500, PPO 1000, FFS 1500 and FFS 1000
Covered Dental Services and Limitations Summary

Unless otherwise indicated in Your Schedule of Coverage, KPIC will pay the percentage payable of the Maximum Allowable Charge for the following Covered Dental Services:

Diagnostic and Preventive Services:

1. Diagnostic services are the necessary procedures to assist the Dentist in evaluating Your dental health and to determine necessary treatments. Diagnostic services include oral examinations (including initial examinations, periodic examinations and emergency examinations); x-rays; diagnostic casts; examination of biopsied tissue; palliative (emergency) treatment of dental pain; and specialist consultation.

2. Preventive services are the necessary procedures and techniques to prevent the occurrence of dental abnormalities or diseases. Preventive services include prophylaxis (cleaning); fluoride treatment; space maintainers.

Limitations (Diagnostic and Preventive Services):

1. Only the first two oral examinations, including office visits for observation and specialist consultations, or combination thereof, in a Calendar Year.

2. Full-mouth x-rays are a Benefit once in a five-year period.

3. Bitewing x-rays are provided on request by the dentist, but no more than twice in a calendar year for children to age 18 or once in a Calendar Year for adults age 18 and over.

4. Diagnostic casts are a Benefit only when made in connection with subsequent orthodontic treatment covered under this program.

5. Only the first two cleanings, fluoride treatments, or combination thereof, in a Calendar Year.

Basic Services:

1. Restorative services provide the necessary procedures to restore the teeth; other than cast restorations. Restorative services include amalgam, silicate or composite (resin) restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay).

2. Oral Surgery provides the necessary procedures for the extraction of teeth and certain other surgical procedures, including pre- and post-operative care.

3. Endodontic services provide the necessary procedures for the treatment of tooth pulp.

4. Periodontic services provide the necessary procedures for the treatment of gums and bones that support the teeth.

5. Sealants topically applied acrylic, plastic or composite material used to seal developmental grooves and pits in teeth for the purpose of preventing dental decay.

6. Adjunctive General Services include general anesthesia; office visit for observation; office visit after regularly scheduled hours; therapeutic drug injection; treatment of post-surgical complications (unusual circumstances); limited occlusal adjustment.

Limitations (Basic benefits):

1. Sealant benefits include the application of sealants only to permanent first molars through age eight and second molars through age 15 if they are without caries (decay), or restoration on the occlusal surface. Sealant benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.

2. Direct composite (resin) restorations are benefits on anterior teeth and the facial surface of bicuspids. Any other posterior direct composite (resin) restorations are optional services and payment is limited to the cost of the equivalent amalgam restorations.

Crowns, Inlays, Onlays and Cast Restoration Benefits:

Note: Please refer to Your Schedule of Coverage to see if Crowns, Inlays, Onlays and Cast Restoration Benefits are covered under Your plan.

(continued)
Dental PPO 1500, PPO 1000, FFS 1500 and FFS 1000
General Exclusions and Limitations Summary

Unless specifically stated otherwise in the Group Policy, in your Schedule of Coverage or elsewhere in this Certificate, no payment will be made for any treatment or service in connection with the following:

1. Any treatment or procedure not listed as Covered Services under the General Benefits section.
2. Charges in excess of the Maximum Allowable Charge.
3. Services for injuries covered by Workers’ Compensation or Employer’s Liability Laws.
4. Services which are provided to the Covered Person by any Federal or State Governmental Agency or are provided without cost to the Covered Person by any municipality, county or other political subdivision, except Medi-Cal benefits.
5. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
6. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.
7. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this program.
8. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.
9. Experimental procedures.
10. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
11. Anesthesia, except for general anesthesia given by a dentist for covered oral surgery procedures.
12. Grafting tissues from outside the mouth to tissues inside the mouth (“extraoral grafts”).
13. Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants.
14. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.
15. Replacement of existing restoration for any purpose other than active tooth decay.
16. Intravenous sedation, occlusal guards and complete occlusal adjustment.
17. Charges for replacement or repair of an orthodontic appliance paid in part or in full by this program.
19. Crowns, Inlays, Onlays and Cast Restoration.*
20. Prosthodontic Services.
21. Charges for completion of forms.
22. Charges for speech therapy.
23. Charges for lost or stolen appliances.
24. Services for which no charge is normally made in the absence of insurance.
25. Plaque Control programs, oral hygiene, and dietary instructions.
27. Treatment plans that are more expensive than those customarily provided or specialized techniques used instead of standard procedures; for example, a precision denture where a standard denture would suffice.
28. Pit and fissure sealants, unless for the first molars of children up to age 9 and second molars for children up to age 14. The molar must have no decay and no restoration, and the occlusal surface must be intact. Coverage does not include the repair or replacement of a sealant on any tooth within 3 years of application.