

Delta Dental PPOSM plus Premier Plan 3

Delta Dental PPO plus Premier is a hybrid of the PPO and Delta Dental Premier[®] networks. PPO dentists accept reduced fees for covered procedures when treating PPO patients. Premier is Delta Dental's top-of-the-line fee-for-service program. Enrollees can choose a dentist from the larger Delta Dental Premier network or they can visit a dentist from the smaller PPO network and save more money. This cost-saving, two-tier network is rarely available in the industry. It provides access to the most dentists while offering significant value for enrollees. Network dentists are paid their respective allowances.

HOW ENROLLEES CAN SAVE MONEY

They likely will save:

- Most if they go to Delta Dental PPO dentists.
- Moderately if they go to Delta Dental Premier dentists.
- Least if they go to non-participating dentists.

The following table illustrates the coinsurance percentages for covered procedures in accordance with Delta Dental's payout level.*

| Service | Examples of Procedures | PPO Dentist | | Delta Dental Premier Dentist or Non-Participating Dentist* | |
|-------------------|---|---|---------|--|---------|
| | | – Percent Paid Based On Delta Dental Allowed Amount – | | | |
| | | Delta Dental | Patient | Delta Dental | Patient |
| Diagnostic** | exam & x-rays | 100% | 0% | 100% | 0% |
| Preventive** | fluoride treatments to age 19, teeth cleaning, sealants to age 14 | 100% | 0% | 100% | 0% |
| Basic Restorative | fillings; posterior composites | 80% | 20% | 80% | 20% |
| Major Restorative | crowns | 50% | 50% | 50% | 50% |
| Oral Surgery | extractions | 80% | 20% | 80% | 20% |
| Endodontics | root canal therapy | 80% | 20% | 80% | 20% |
| Periodontics** | treatment of gum disorders | 80% | 20% | 80% | 20% |
| Prosthodontics | dentures, bridgework | 50% | 50% | 50% | 50% |
| TMJ | temporomandibular joint dysfunction treatment | 50% | 50% | 50% | 50% |
| Orthodontics | straightening of teeth | 50% | 50% | 50% | 50% |

Orthodontics is a covered benefit for dependent children to age 19 with a lifetime maximum benefit of \$1,000 per person. Lifetime maximum includes payments made by previous carriers for previous orthodontic-related treatment.

* Benefits are administered on a calendar year basis regardless of the group's contract year.

**Pregnancy Enhancement - Includes an additional oral exam and choice of an additional cleaning, or additional periodontal scaling/root planning or additional periodontal maintenance procedure for pregnant women.

Monthly Rates Valid for Effective Dates of January 1, 2022 through December 31, 2023

| Annual Deductible Per Person | Annual Deductible Per Family | Services Exempt From Annual Deductible | Annual Maximum Per Person | Orthodontic Lifetime Maximum Per Patient |
|------------------------------|------------------------------|---|---------------------------|--|
| \$50 | \$150 | Diagnostic, Preventive, and Orthodontic | \$1,000 | \$1,000 |

| | Two-Tier | Three-Tier |
|-------------------|----------|------------|
| Employee Only | \$39.81 | \$39.81 |
| Employee + One | \$96.04 | \$73.67 |
| Employee & Family | \$96.04 | \$110.94 |

Rates are valid for employer groups with up to 99 eligible employees. A minimum of 5 employees or 50 percent of all eligible employees, whichever is fewer, must be enrolled. Rates are available to groups with headquarters in the following New York counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming. There will be a six-month waiting period on Major Restorative and Prosthodontic services for groups with no prior coverage.

The plan designs and rates shown are available only through Independent Health.

STANDARD LIMITATIONS AND EXCLUSIONS

Limitations

- Full mouth x-rays and panorex x-rays accompanied by bitewing x-rays are limited to once in any 3-year period.
- Bitewing x-rays are limited to twice in any calendar year.
- Periodic examinations of the full mouth are limited to twice in any calendar year.
- Prophylaxis and fluoride application may be performed either together or separately.
- Prophylaxes are limited to twice in any calendar year.
- Fluoride applications as a benefit are limited to twice in any calendar year up to age 19.
- Sealants are a benefit limited to age 14 once in any 36-month period on unfilled permanent first and second molars.
- Space maintainers are a benefit up to age 14.
- Replacement of restorative crowns, inlays and onlays is a benefit once only in any 5-year period irrespective of who provided previous restoration or paid benefits therefore.
- Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services which are necessary to make such appliances fit will be provided in accordance with the Group Dental Service Contract.
- Prosthodontic appliances and abutment crowns will be replaced only after 5 years have elapsed following any prior provision of such appliances and abutment crowns under any plan procedure.
- Benefits for specific oral surgery procedures, such as the reduction of fractures, removal of tumors, and removal of impacted teeth, which are benefitted under a medical insurance contract or a medical or hospital service contract for which premiums are paid by the Plan Administrator by which the enrollees are covered shall be determined first under that contract. Delta Dental's obligation for these oral surgery services shall be limited to the difference between benefits paid under the other contracts up to the Allowed Amount for the procedure less the applicable deductible and patient copayment. When coverage is not paid for by the Plan Administrator or there is no medical or hospital coverage, Delta Dental's obligation shall be subject to coordination of benefits or limited to the Allowed Amount for the procedure less the applicable deductible and patient copayment.
- Benefits for periodontal surgery in the same quadrant are limited to once in any 5-year period. The 5-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this Contract, under any prior dental contract, or by the enrollee.
- Orthodontic benefits are limited to devices and procedures for the correction of malposed teeth of Dependents up to age 19, through the completion of the procedures or to the date eligibility terminates or the Group's contract terminates, whichever occurs first.
- Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

Exclusions

- Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
- Charges for which benefits or services are provided to the patient by any hospital, medical or dental service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the coordination of benefit provisions provide otherwise).
- Charges for dental practice administrative services including but not limited to preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton, swabs, gauze, bibs, masks or relaxation techniques such as music.
- General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontal surgeries.
- Procedures to correct congenital or developmental malformations except for dependent children or newborn children eligible at birth.
- Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise.
- Treatments or supplies primarily for cosmetic purposes.
- Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient.
- Preventive plaque control programs, including oral hygiene programs.
- Periodontal splinting, equilibration and gnathological recordings.
- Myofunctional therapy.
- Implants.
- Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
- Prescription drugs, pre-medication, analgesias, and general anesthesia, unless covered under the group contract.
- Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.
- Adult orthodontics.
- Experimental procedures which have not been accepted by the American Dental Association.

HOW DENTISTS ARE PAID

Delta Dental's payments are based on the applicable Delta Dental Maximum Plan Allowance or the dentist's actual fee, whichever is less. This is the Allowed Amount. The PPO Allowed Amount is accepted by PPO dentists as payment in full. Delta Dental Premier dentists accept the higher Premier Allowed Amount as payment in full.

- For services provided by PPO dentists, an enrollee is responsible for paying that portion of the PPO Allowed Amount not paid by Delta Dental.
- For services provided by Delta Dental Premier dentists, an enrollee is responsible for paying that portion of the Premier Allowed Amount not paid by Delta Dental.
- For services provided by non-participating dentists, an enrollee is responsible for paying the difference between the amount paid by Delta Dental (based on the Premier Allowed Amount) and the dentist's total charge.

Participating dentists are paid directly by Delta Dental and cannot bill enrollees more than the applicable coinsurance, deductible or charges where maximums have been exceeded for covered services. Delta Dental sends its benefit payment directly to participating dentists. Enrollees are responsible for paying non-participating dentists' total fee and submitting claims to Delta Dental for reimbursement of covered services. Delta Dental then sends its benefit payment directly to the enrollee.

ELIGIBILITY

Employees, spouses and dependent children to age 26, regardless of full-time student or marital status.

PREDETERMINATION (PRE-TREATMENT ESTIMATE)

Predetermination of benefits is a free service for enrollees that provides a pretreatment estimate of costs. Predetermination is recommended if treatment is expected to exceed \$300. Predetermination indicates whether planned services are covered, how much of the treatment costs will be paid by Delta Dental and how much is the enrollee's responsibility. Predetermination is useful in planning a course of treatment.