

Plan Benefit Highlights for: The Reta Trust – Plan 3A

Effective Date: 2016

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

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|-------------------------------|--|------------------------|----------------------|
| Eligibility | Primary enrollee, spouse and eligible dependent children to age 26 | | |
| Deductibles | In-Network: \$50 per person / \$150 per family each calendar year Out-of-Network: \$75 per person / \$225 per family each calendar year | | |
| Deductibles waived for D & P? | Yes | | |
| Maximums | \$2,000 per person per calendar year | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** In-PPO Network | Out-of-PPO Network** Premier and Non-Delta Dentists |
|---|---|--|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants | 100 % | 100 % |
| Basic Services Fillings, simple tooth extractions, | 90 % | 80 % |
| Endodontics (root canals) Covered Under Basic Services | 90 % | 80 % |
| Periodontics (gum treatment) Covered Under Basic Services | 90 % | 80 % |
| Oral Surgery Covered Under Basic Services | 90 % | 80 % |
| Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures, implants | 60 % | 50 % |
| Orthodontic Benefits Adults and dependent children | 50 % | 50 % |
| Orthodontic Maximums | \$ 1,500 Lifetime | \$ 1,500 Lifetime |

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted 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.

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| Delta Dental of California 100 First St. San Francisco, CA 94105 | Customer Service 800-765-6003 | Claims Address P.O. Box 997330 Sacramento, CA 95899-7330 |
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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.