



Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 10941-0005, 0095
Comprehensive Logistics Co., LLC
SPI Spring Hill Union

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

| | Delta Dental PPO™ Dentist Plan Pays | Delta Dental Premier® Dentist Plan Pays | Nonparticipating Dentist Plan Pays* |
|---|--|--|--|
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers | 100% | 100% | 100% |
| Sealants – to prevent decay of permanent teeth | 100% | 100% | 100% |
| Brush Biopsy – to detect oral cancer | 100% | 100% | 100% |
| Radiographs – X-rays | 100% | 100% | 100% |
| Basic Services | | | |
| Emergency Palliative Treatment – to temporarily relieve pain | 80% | 80% | 80% |
| Minor Restorative Services – fillings and crown repair | 80% | 80% | 80% |
| Periodontic Services – to treat gum disease | 80% | 80% | 80% |
| Oral Surgery Services – extractions and dental surgery | 80% | 80% | 80% |
| Other Basic Services – misc. services | 80% | 80% | 80% |
| Major Services | | | |
| Prosthodontic Services – bridges and dentures | 80% | 80% | 80% |

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 17 and under.
- Space maintainers are payable once per area per lifetime for people age 17 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 17 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any ten-year period. Reline, rebase, and repair of dentures and tissue conditioning are not Covered Services.
- Bridges are payable once in any 10-year period.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management,

healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per Member total per Benefit Year on all services.

Deductible – None.

Waiting Period – Enrollees who are eligible for Benefits are covered as defined by the Contractor.

Eligible People – As defined by the Contractor.

Also eligible are your Spouse and your Children to the end of the day on which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and Dependents choosing either dental plan are required to remain enrolled for a period of 12 months. Should an Enrollee or a Dependent choose to drop dental coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may enroll only if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the date of termination.