

Plan Benefit Highlights for: Reta Trust - Plan 2A

Group No:

Effective Date: 07/01/2020

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

| | | | | |
|--|---|------------------------|------------------------|----------------------|
| Eligibility | Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26 | | | |
| Deductibles Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year | | | |
| | Non-Delta Dental PPO dentists: \$75 per person / \$225 per family each calendar year | | | |
| Maximums D & P counts toward maximum? | \$1,500 per person each calendar year Yes | | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Non-Delta Dental PPO dentists** |
|--|------------------------------------|--|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants | 100 % | 100 % |
| Basic Services Composite fillings | 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 | 60 % | 50 % |
| Prosthodontics Bridges, dentures and implants | 60 % | 50 % |
| Orthodontic Benefits Adults and dependent children | 50 % | 50 % |
| Orthodontic Maximums | \$1,000 Lifetime | \$1,000 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, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

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| Delta Dental of California 560 Mission St., Suite 1300 San Francisco, CA 94105 | Customer Service 888-335-8227 | 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.