

**THIS MATRIX IS A BRIEF SUMMARY OF YOUR BENEFITS.  
YOU MUST READ THE ENTIRE EVIDENCE OF COVERAGE  
IN ORDER TO UNDERSTAND THE DETAILS OF YOUR DENTAL COVERAGE**

**Delta Dental PPO<sup>SM</sup> Plan**

**Your Co-Payments, Maximums, Deductibles and Waiting Periods**

Although the levels (i.e. percentages) of Benefits are the same no matter what dentist you choose, your out-of-pocket expenses may differ depending upon whether you select a Delta Dental PPO Dentist.

DENTAL SERVICES	PPO DENTIST		NON-PPO DENTIST		CALENDAR YEAR MAXIMUM*	CALENDAR YEAR DEDUCTIBLE	WAITING PERIOD
	DELTA DENTAL'S CO-PAYMENT	YOUR CO-PAYMENT	DELTA DENTAL'S CO-PAYMENT	YOUR CO-PAYMENT			
<b>Diagnostic and Preventive Services</b>	90%	10%	90%	10%	\$3,200 for each Enrollee if services are provided by a Delta Dental PPO Dentist  \$3,000 for each Enrollee if services are provided by other dentists  \$2,000 lifetime Maximum for each Enrollee	You must pay the first \$25 of Covered Services for each Enrollee in your family in each calendar year except for Diagnostic and Preventive and Orthodontic Benefits, up to a limit of \$75 per family.	None
<b>Basic Services</b>	90%	10%	90%	10%			None
<b>Crowns, Inlays, Onlays, and Cast Restorations</b>	90%	10%	90%	10%			None
<b>Prosthetic Services</b>	90%	10%	90%	10%			None
<b>Orthodontics for adults and children</b>	50%	50%	50%	50%			None

If you transfer or move from one Delta Dental plan to another, you do not receive a new calendar year Maximum because you transferred or moved. The Maximum amount for Benefits paid by Delta Dental in a calendar year under both plans will not exceed the Maximum allowed under your current plan.

For example: If Delta Dental paid \$500 in Benefits while you were enrolled in a previous plan and the Maximum amount of your current plan is \$1,000 the total amount Delta Dental will pay for your Benefits under the current plan is \$500.