

Plan Benefit Highlights for: ASCIP Plan A Option 1 w/ \$1k Ortho

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 25 if dependent is full-time student			
Maximums	\$2,000 per person, per family calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists** In-PPO Network	Non-PPO dentists** Out-of-PPO Network
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions and sealants	100 %	100 %
Endodontics (root canals) Covered Under Basic Services	100 %	100 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	100 %
Oral Surgery Covered Under Basic Services	100 %	100 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	100 %
Prosthodontics Bridges, dentures and implants	70 %	50 %
Orthodontia – Separate Lifetime Maximum	50%, \$1,000 combined in and out-of-network lifetime maximum	50% \$1,000 combined in and out-of-network lifetime maximum
Dental Accident Benefits	100% (separate \$1,000 maximum per person, per calendar year)	

* 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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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.