



Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits

**For Group# 10413-0001, 0099, 1001, 1099, 2001, 2099, 3001, 3099, 4001, 4099
Jasper Holdings, Inc.**

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 Indiana

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			
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to prosthetic appliances	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%

* 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 in any 12-month period. Limited problem focused re-evaluations are payable twice in any 12-month period.
- Prophylaxes (cleanings) are payable twice in any 12-month period. Full mouth debridement is payable once in any three-year period.
- 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 18 and under.
- Space maintainers are payable once per area per three-year period for people age 12 and under.
- Bitewing X-rays are payable once in any 12-month period. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any four-year period. Intraoral tomosynthesis full mouth X-rays and bitewing X-rays are payable three times in any 12-month period.
- Three periapical X-rays are payable in any 12-month period. Three intraoral tomosynthesis periapical X-rays are payable in any 12-month period. 2D cephalometric films are payable once in any two-year period. 2D oral/facial photographic images are not Covered Services.
- Diagnostic casts are payable once in any five-year period.
- Sealants are payable once per tooth per five-year period for permanent molars for people age 14 and under. The surface must be free from decay and restorations.

- Crowns, onlays, inlays, and substructures are payable once per tooth in any seven-year period. Re-cement or re-bond of crown or restoration are payable once per tooth in any 12-month period. Protective restorations are payable once in any three-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Pulp caps are a Covered Service.
- Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue is payable once per tooth in any five-year period. Autogenous and non-autogenous connective tissue graft procedures are payable once per tooth, implant, or edentulous tooth position in any five-year period.
- Closure of sinus perforation, exposure of unerupted tooth, placement of device to facilitate eruption of impacted tooth, vestibuloplasty, excision of benign lesion, removal of benign odontogenic cyst or tumor, lateral exostosis, torus palatinus, and torus mandibularis, marsupialization of odontogenic cyst, incision and drainage of abscess from intraoral soft tissue, placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, sinus augmentation via a lateral open approach, bone replacement graft for ridge preservation, frenectomy, and surgical sialolithotomy are Covered Services.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services. Re-cement or re-bond of implant/abutment supported crown is payable once in any 12-month period.
- Local anesthesia in conjunction with surgical procedures, nitrous oxide, therapeutic parenteral drugs, and application of desensitizing medicament are payable without limitation.

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 – \$2,500 per Member total per Benefit Year on all services.

Deductible – None.

Waiting Period – Enrollees who are eligible for Benefits are covered on the date that is defined by Jasper Holdings, Inc.

Eligible People – All eligible employees as defined by Jasper Holdings, Inc.

Also eligible are your Spouse and your Children to the end of the month in 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 this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll 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 that is defined by Jasper Holdings, Inc.