

**Delta Dental PPO™ (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group #10534-0001, 0002, 0099**  
**Arcwood Environmental, LLC**

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** –

	<b>Delta Dental PPO™ Dentist</b>	<b>Delta Dental Premier® Dentist</b>	<b>Nonparticipating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Sealants</b> – to prevent decay of permanent teeth	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> – to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> – X-rays	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Palliative Treatment</b> – to temporarily relieve pain	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Minor Restorative Services</b> – fillings and crown repair	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Endodontic Services</b> – root canals	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Periodontic Services</b> – to treat gum disease	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Oral Surgery Services</b> – extractions and dental surgery	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Other Basic Services</b> – misc. services	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Relines and Repairs</b> – to prosthetic appliances	<b>90%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>			
<b>Major Restorative Services</b> – crowns	<b>60%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	<b>60%</b>	<b>50%</b>	<b>50%</b>

\* 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.
- 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 with no age limit.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable twice per calendar year for people age 18 and under and once per calendar year for people age 19 and older. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.

- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Vestibuloplasty, frenulectomy, frenuloplasty and excision of odontogenic tumors are Covered Services.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards and occlusal adjustments 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** – \$1,000 per Member total per Benefit Year on all services, except oral exams, preventive services, X-rays, brush biopsy, and sealants.

**Deductible** – \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$100 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the first day of the month following the date of hire.

**Eligible People** – All full-time employees of the Contractor working at least 30 hours per week who choose the dental plan and all Enrollees who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar non-preempted state law ("COBRA").

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. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

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 last day of the month in which your employment is terminated.