This is not a contract. It is a partial list of benefits and services. For complete details refer to your certificate.

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed.

### Deductible

(Each Benefit Period)

<table>
<thead>
<tr>
<th>Network Benefits</th>
<th>Out of Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 individual/$75 family</td>
<td>$25 individual/$75 family</td>
</tr>
</tbody>
</table>

### Maximum Benefits

(Per Covered Person each Benefit Period)

<table>
<thead>
<tr>
<th>Network Benefits</th>
<th>Out of Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Maximum Benefit Carryover

Benefit Period Maximum Carryover Amount: $250  
Threshold Amount: $499

You must submit at least one claim for covered services during the benefit period. Claims cannot exceed the threshold amount listed above. The maximum carryover amount will be rolled into your Carryover Account at the end of the benefit period. The amount accumulated in a Carryover Account cannot exceed the amount of the member's Maximum Benefit.

### Age Limitations

Dependents covered up to age 26.

### Diagnostic and Preventive Services

- Oral examination (limited to 2 per calendar year)
- Palliative emergency treatment
- Periapical, bitewing, panoramic or complete series x-ray
- Topical fluoride application (through age 18)
- Routine cleanings (limited to 2 per calendar year)
- Sealants (through age 15)
- Space maintainers (through age 13)

### Minor Services (Class I, II and III)

- Routine fillings
- Simple extractions
- Root canal therapy
- Simple denture repair
- Oral surgery
- Periodontic services

### Major Services (Class IV)

- Inlays or crowns
- Prosthetic services (bridges, dentures and partials)
- Implants

### Reimbursement Amount

- Oral examination (limited to 2 per calendar year): 100% of the Allowable Amount
- Palliative emergency treatment: Deductible does not apply.
- Periapical, bitewing, panoramic or complete series x-ray: Subject to deductible.
- Topical fluoride application (through age 18):
- Routine cleanings (limited to 2 per calendar year):
- Sealants (through age 15):
- Space maintainers (through age 13):
- Routine fillings: 80% of the Allowable Amount
- Simple extractions: Subject to deductible.
- Root canal therapy: Subject to deductible.
- Simple denture repair: Subject to deductible.
- Oral surgery: Subject to deductible.
- Periodontic services: Subject to deductible.
- Inlays or crowns: 50% of the Allowable Amount
- Prosthetic services (bridges, dentures and partials): Subject to deductible.
- Implants: Subject to deductible.

Please note: Dentists who have signed participating agreements with Delta Dental of Kentucky agree to accept the Allowable Amount as payment in full for Covered Services as these terms are defined in the Certificate of Coverage. Each Covered Person is responsible for the amount of Coinsurance, Deductible, and non-covered charges. Dentists who have not signed a participating agreement may bill you directly for any amount of their charge in excess of the Allowable Amount. In cases where the dentist's charges exceed the Allowable Amount, your coinsurance will be larger. Certain procedures require preauthorization and/or are subject to limitations.