

# YOUR DENTAL BENEFITS

Prepared for the employees of Schreiber Foods Inc

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

|                                                                                                                                                                                | Delta Dental PPO™                                                        | Delta Dental Premier®            | Out-of-Network**                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|----------------------------------|
| <b>Individual Annual Maximum</b>                                                                                                                                               | \$1,500                                                                  | \$1,500                          | \$1,500                          |
| <b>Deductible - Individual/Family</b>                                                                                                                                          | \$50 / \$150                                                             | \$50 / \$150                     | \$75 / \$225                     |
| <b>Diagnostic &amp; Preventive</b><br>Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants, emergency treatment to relieve pain, periodontal maintenance | 100%                                                                     | 100%                             | 100%                             |
| <b>Basic &amp; Major Services</b><br>Fillings, root canals, treatment of gum disease, extractions^                                                                             | 80%*                                                                     | 80%*                             | 80%*                             |
| Crowns, bridges, dentures, implants, repairs and adjustments to bridges and dentures                                                                                           | 50%*                                                                     | 50%*                             | 50%*                             |
| <b>Orthodontic Services</b><br>Coverage copayment<br>Individual lifetime maximum<br>Dependents eligible to<br>Adult orthodontics                                               | 100%<br>\$1,500<br>Age 26<br>Yes                                         | 100%<br>\$1,500<br>Age 26<br>Yes | 100%<br>\$1,500<br>Age 26<br>Yes |
| <b>CheckUp™ Plus</b>                                                                                                                                                           | Yes                                                                      | Yes                              | Yes                              |
| <b>EBICP</b>                                                                                                                                                                   | Yes                                                                      | Yes                              | Yes                              |
| <b>Special Health Care Needs Benefit</b>                                                                                                                                       | Yes                                                                      | Yes                              | Yes                              |
| <b>Dependent Eligibility</b>                                                                                                                                                   | Dependents are covered to the end of the month in which they turn age 26 |                                  |                                  |

\*Deductible applies

\*\*When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

^The dental plan provides first and only coverage for some oral surgery procedures, while major medical provides first and only coverage for other oral surgery procedures; a pre-determination is recommended

**CheckUp™ Plus** allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum – leaving more flexibility for restorative care that might be needed later.

**Evidence-Based Integrated Care Plan (EBICP)** provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

**Special Health Care Needs Benefit (SHCNB)** allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at [deltadentalwi.com/SHCNB](https://www.deltadentalwi.com/SHCNB).

**Need assistance?** Contact Customer Service at 800-236-3712 or [claims@deltadentalwi.com](mailto:claims@deltadentalwi.com). Learn more at [www.deltadentalwi.com](https://www.deltadentalwi.com).