

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 9523-0001, 0002, 0003, 0006, 0007, 0008, 0009
CNO Services, LLC**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Indiana

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Class I			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Emergency Palliative Treatment - to temporarily relieve pain	100%	80%	80%
Sealants - to prevent decay of permanent teeth	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Class II			
Minor Restorative Services - fillings and crown repair	80%	60%	60%
Oral Surgery Services - extractions and dental surgery	80%	60%	60%
Other Basic Services - misc. services	80%	60%	60%
Relines and Repairs - to bridges and dentures	80%	60%	60%
Class III			
Endodontic Services - root canals	50%	40%	40%
Periodontic Services - to treat gum disease	50%	40%	40%
Major Restorative Services - crowns	50%	40%	40%
Prosthetic Services - includes bridges, implants, and dentures	50%	40%	40%
Class IV			
Orthodontic Services - includes braces	50%	40%	40%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

* 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 Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees 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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment –

PPO Dentist - \$1,500 per person total per benefit year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Premier Dentist or Non-participating Dentist - \$500 per person total per benefit year on all services except orthodontics. \$500 per person total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

Deductible –

PPO Dentist - \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, x-rays, sealants, and orthodontic services.

Premier Dentist or Non-participating Dentist - \$100 deductible per person total per benefit year limited to a maximum deductible of \$300 per family per benefit year. The deductible does not apply to orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following 30 days of employment (or the day after 4 weeks of employment for employees located in Hawaii) if enrollment forms are received prior to the first day of the second full month of employment. Otherwise, coverage for new hires will begin the first of the month following 60 days of employment if enrollment forms are received prior to the first day of the third full month of employment. If enrollment forms are NOT received prior to the start of the third full month of employment, new hires are NOT eligible for coverage and must apply during the next annual enrollment period.

Example: an employee is hired May 15. If the enrollment form is turned in prior to July 1, the coverage will be effective July 1. If the enrollment form is turned in on or after July but before August 1, coverage will be effective August 1. If the enrollment form is turned in August 1 or after, the new hire will not have coverage and will have to wait until the next annual enrollment period to enroll.

Eligible People – All employees of the Contractor (your employer) or an affiliate of the policyholder that has elected to provide policy coverage to its employees working a minimum of 20 hours per week, selected retirees and other employees as designated by the policyholder who choose the Delta Dental PPO POS dental plan and who are classified under the following subgroups: Corporate Active (0001), Chicago Home Active (0002), Chicago Branch Active (0003), Special Eligibility (0006), LOA/LTD (0007), Retirees (0008) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0009). The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal 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 and your same-sex domestic partners as defined in the policy. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you.

Plan changes are only allowed during open enrollment periods, except that 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.

If you and your spouse are both eligible for coverage under this Policy, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Policy.

Benefits will cease on the last day of the month in which the employee is terminated.