



Delta Dental PPO Plus Premier Plan Liberty Energy Low Plan – Group #11955

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|-------------------------------------|-----------------|-----------------|--|---|
| Maximum Benefit | | | \$1,500 Per Person All Covered Classes, PPO Network | |
| Calendar Year Maximum | | | \$500 Per Person All Covered Classes, Premier Network or Out of Network | |
| Calendar Year Deductible | | | Individual Deductible – \$50.00 PPO Network | |
| Applies to Basic and Major Services | | | \$100 Premier Network or In and Out of Network | |
| | | | Family Deductible – \$150.00 PPO Network | |
| | | | \$300 Premier Network or In and Out of Network | |
| Who Can Be Covered | | | Employee, Spouse and Dependents through the end of the month in which they turn 26 | |
| PPO Dentist | Premier Dentist | NON-PAR Dentist | Covered Services | Benefit Information (Subject to Delta Dental Guidelines and Limitations) |
| Diagnostic and Preventive Services | | | | |
| 100% | 60% | 60% | Oral Evaluation | Limited to 2 evaluations in 1 year |
| | | | Bitewing X-rays | Limited to 1 set in 1 year |
| | | | Full Mouth/Panoramic X-rays | Limited to 1 in a 60-month period |
| | | | Routine Cleaning | Limited to 2 cleanings in 1 year |
| | | | Fluoride Treatments | Limited to 2 treatments in 1 year – through age 15 |
| | | | Space Maintainers | For posterior primary teeth – through age 13 |
| | | | Sealants | 1 per tooth in 36 months – through age 14 on unrestored molars |
| Basic Services | | | | |
| 80% | 40% | 40% | Fillings | Benefits on the same surface limited to 1 in 12 months |
| | | | Oral Surgery (Extractions) | |
| | | | General Anesthesia | Benefit with covered oral surgery including extractions |
| | | | Surgical Periodontal | Benefit once every 36 months |
| Major Services | | | | |
| 50% | 10% | 10% | Crowns | Benefit 1 in 60 months same tooth – not a benefit under age 12 |
| | | | Dentures, Partials, Bridges | Benefit 1 in 60 months – not a benefit under age 16 |
| | | | Implants (Restorative and Surgical) | Benefit 1 in 60 months – not a benefit under age 16 |

*Maximum and Deductible change when seeing a Premier or Non-Participating Dentist.

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

Non-Participating Dentist - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.