Delta Dental PPO™ Point of Service Summary of Dental Plan Benefits

For Group #04000-00001 Los Alamos National Laboratory-Actives

Benefit Period: January 1 through December 31
Deductible: $50 Deductible per person total per Benefit Period
Maximum Benefit Amount: $1,700 per person total per Benefit Period
Orthodontic Lifetime Maximum: $1,500 per person total per lifetime
TMD Maximum Amount: $500 per person per lifetime

Covered Services

	Delta Dental PPO™ Provider	Delta Dental Premier® Provider[1]	Non-Participating Provider[2]
	You Pay	You Pay[1]	You Pay[2]
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Brush Biopsy – to detect oral cancer	No Charge	No Charge	No Charge
Radiographs – images	No Charge	No Charge	No Charge
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Sealants – to prevent decay of permanent teeth	20%	25%	25%
Minor Restorative Services – fillings	20%	25%	25%
Endodontic Services – root canals	20%	25%	25%
Periodontic Services – to treat gum disease	20%	25%	25%
Oral Surgery Services – extractions and dental surgery	20%	25%	25%
Prosthodontic Repair – to bridges, implants, and dentures	20%	25%	25%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Occlusal Guards – bite guards	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Adjustments – to dentures	50%	50%	50%
Prosthodontic Services – bridges, dentures, and implants	50%	50%	50%
TMD Treatment – Temporomandibular Joint (TMJ) Benefits	50%	50%	50%

Orthodontic Services			
Orthodontic Services – braces – child and adult	50%	50%	50%

Orthodontic Benefits	
Who is eligible for orthodontic treatment?	Employee, Spouse/Domestic Partner and dependent children
What is the age limit for dependent children and Domestic Partners children?	Dependent children to the end of the month of age 26
Is there an orthodontic benefit age limit for an Employee or Spouse/Domestic Partner?	No age limit
How is orthodontic lifetime benefit paid by the plan?	The Plan will pay the applicable coinsurance towards the initial banding with the remaining balance divided into quarterly installments. The Plan will make payments on a quarterly basis as long as the member is eligible, the member is still in treatment, and the lifetime maximum has not been met.
How does the Plan pay towards an orthodontic treatment in process?	If orthodontic treatment is currently in progress for you or one of your dependents, please ask your dentist to submit a new treatment Plan to Delta Dental. Delta Dental will receive the orthodontic lifetime maximum history from your previous carrier. Your orthodontic maximum benefit available under your new Plan will be reduced by the benefit amount used under your previous Plan.

*1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.**2) Balance billing applies.** Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Pre-diagnostic services and diagnostic consultations are payable once per lifetime.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable in the same calendar year for individuals with a documented history of periodontal disease.
- 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.
- Topical fluoride treatments are payable twice per calendar year for people up to age 14.
- Space maintainers are payable once per area per five-year period for people up to age 13. Recementation or re-bond of any space maintainer is payable once per lifetime.
- Bitewing X-rays are payable twice per calendar year for people age 17 and under, and once

per calendar year for people age 18 and over. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

- 2D cephalometric radiographic and 2D oral/facial images photographic images are Covered Services once per lifetime when in conjunction with orthodontic treatment.
- Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report are payable once in any twelve-month period. Diagnostic casts limited to orthodontic treatment are payable once per lifetime.
- Sealants are payable once per tooth per three-year period for first permanent molars up to age 10 and second permanent molars up to age 16.
- Crowns, onlays, and substructures are payable once per tooth for people age 12 and up, stainless steel crowns for people up to age 16, and repairs are payable once in any five-year period. Recement of restorations is payable once per lifetime. Resin-based composites utilizing indirect technique are not Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Pulpal therapy is payable once per tooth per lifetime. Apexification/recalcification are payable services for people up to age 19.
- Fiberotomy for people up to age 19 is a Covered Service. Occlusal orthotic device is payable once in any three-year period.
- Full and partial dentures are payable once in any five-year period. Reline of dentures is payable once in any six-month period. Rebase of dentures is payable once in any two-year period. Adjustments are payable twice per Calendar Year. Tissue conditioning is payable twice in any twelve-month period. Interim partial dentures are payable for people up to age 16. Overdentures are not a Covered Service.
- Bridges and repair of bridges are payable once in any five-year period. Recement or rebond is payable once per lifetime.
- Implants and implant related services are payable once per tooth in any five-year period.
- Crowns over implants are payable once per tooth in any five-year period. Recement or re-bond of an implant supported prosthetic on a fixed partial denture is covered once in a lifetime.
- Occlusal guards are payable once in any three-year period.

Additional Plan Information

Deductible: Does not apply to oral exams, prophylaxes (cleanings), topical fluoride, radiographic images, brush biopsy, full mouth debridement, periodontal maintenance, space maintainers, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Maximum Benefit Amount: The Maximum Benefit Amount applies to all services except oral exams, prophylaxes (cleanings), topical fluoride, space maintainers, TMD occlusal orthotic device, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

TMD Lifetime Maximum: Applies only to the TMD Occlusal Orthotic Device.

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: eligibility criteria for employees, spouse or domestic partner and their eligible children as described in your Triad Welfare Benefit Plan Summary Plan Description.

Your Network: Delta Dental PPO Point of Service

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via **www.memberportal.com**, for answers to questions about Benefits and claims.