

**Plan Benefit Highlights for:** Reta Trust - Plan 3A

**Group No:**

**Effective Date:** 07/01/2023

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>  Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	<b>Delta Dental PPO dentists:</b> \$50 per person / \$150 per family each calendar year			
	<b>Non-Delta Dental PPO dentists:</b> \$75 per person / \$225 per family each calendar year			
<b>Maximums</b>	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %
<b>Basic Services</b> Composite fillings	90 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	90 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	90 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	90 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	60 %	50 %
<b>Prosthodontics</b> Bridges, dentures and implants	60 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	50 %	50 %
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

<b>Delta Dental of California</b> 560 Mission St., Suite 1300 San Francisco, CA 94105	<b>Customer Service</b> 888-335-8227	<b>Claims Address</b> P.O. Box 997330 Sacramento, CA 95899-7330
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.