

**Delta Dental PPO plus Premier™**  
**Summary of Dental Plan Benefits**  
**For Group# 11000-1105, 1205, 1410, 1620, 1710, 1820**  
**Lowe's Companies, Inc. – PPO High Incentive Plan**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** – Delta Dental of North Carolina

**Benefit Year** – January 1 through December 31

	Delta Dental PPO™ Dentist	Delta Dental Premier* Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services – After Deductible</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	70%
<b>Endodontic Services</b> – root canals	80%	80%	70%
<b>Periodontic Services</b> – to treat gum disease	80%	80%	70%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	70%
<b>Other Basic Services</b> – misc. services	80%	80%	70%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	80%	80%	70%
<b>Major Services – After Deductible</b>			
<b>Major Restorative Services</b> – crowns	50%	50%	40%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	No Age Limit		

\* 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.

The explanation and sample calculation of how these services will be paid can be found in Section VI – How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Benefits for periodontal maintenance procedures are unlimited.
- 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.
- Fluoride treatments are payable twice per calendar year for people age 25 and under.
- Space maintainers are unlimited for people age 25 and under.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Cone beam imaging is not payable.
- Sealants are payable once per tooth per two-year period for first and second permanent molars and bicuspid. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards and occlusal guard adjustments are payable without limitations.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs includes any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations.

### **Passport Dental**

Having Delta Dental coverage makes it easy for you 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.

### **Progressive Maximum Benefit – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist:**

**Progressive Benefit Year 2:** Increase contingent upon receiving Preventive Services in Plan Year 1.

**Progressive Benefit Year 3:** Increase contingent upon receiving Preventive Services in Plan Year 1 and 2.

**Progressive Benefit Year 4:** Increase contingent upon receiving Preventive Services in Plan Years 1, 2, and 3.

For each year that a Diagnostic & Preventive service is not utilized, there is no increase in maximum benefit.

### **Calendar Year benefit Maximum Applies to Diagnostic & Preventive, Basic, and Major Services:**

Year 1: \$1,800

Year 2: \$1,900

Year 3: \$2,000

### **Progressive Maximum Benefit – Nonparticipating Dentist:**

**Progressive Benefit Year 2:** Increase contingent upon receiving Preventive Services in Plan Year 1.

**Progressive Benefit Year 3:** Increase contingent upon receiving Preventive Services in Plan Year 1 and 2.

**Progressive Benefit Year 4:** Increase contingent upon receiving Preventive Services in Plan Years 1, 2, and 3.

For each year that a Diagnostic & Preventive service is not utilized, there is no increase in maximum benefit.

### **Calendar Year benefit Maximum Applies to Diagnostic & Preventive, Basic, and Major Services:**

Year 1: \$1,300

Year 2: \$1,400

Year 3: \$1,500

### **Orthodontia Lifetime Maximum: \$2,000**

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$50 Deductible per Member 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, brush biopsy, X-rays, sealants, and orthodontic services.

**Nonparticipating Dentist** - \$250 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$750 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered in accordance with the terms of the Lowe's Welfare Plan.

**Eligible People** – As defined by Lowe's Companies, Inc. under the Lowe's Welfare Plan.

Also eligible are your 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.

Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. 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.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease in accordance with the terms of the Lowe's Welfare Plan.