

Plan Benefit Highlights for: University of Southern Mississippi

Group No: 16095

Effective Date: 1/1/2020

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

| | | | | |
|--|---|--|--|---|
| Eligibility | Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26 | | | |
| Deductibles | \$50 per person / \$150 per family each calendar year | | | |
| Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics? | Yes | | | |
| Maximums | Low Plan: \$1,000 per person each calendar year High Plan: \$1,500 per person each calendar year | | | |
| D & P counts toward maximum? | No | | | |
| Waiting Period(s) | Basic Benefits None | Major Benefits Low 12 Months High 6 Months | Prosthodontics Low 12 Months High 6 Months | Orthodontics Low 12 Months High 12 Months |

| Benefits and Covered Services* | Low Plan | | High Plan | |
|--|----------------------------|--------------------------------|----------------------------|--------------------------------|
| | Delta Dental PPO dentists† | Non-Delta Dental PPO dentists† | Delta Dental PPO dentists† | Non-Delta Dental PPO dentists† |
| Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays | 100 % | 100 % | 100 % | 100 % |
| Sealants | 50 % | 50 % | 100 % | 100 % |
| Basic Services Fillings and denture repair/relining | 50 % | 50 % | 80 % | 80 % |
| Endodontics (root canals) | 25 % | 25 % | 50 % | 50 % |
| Periodontics (gum treatment) | 25 % | 25 % | 50 % | 50 % |
| Oral Surgery | 50 % | 50 % | 80 % | 80 % |
| Major Services Crowns, inlays, onlays and cast restorations | 25 % | 25 % | 50 % | 50 % |
| Prosthodontics Bridges and dentures | 25 % | 25 % | 50 % | 50 % |
| Orthodontic Benefits Dependent children to age 19 | 50 % | 50 % | 50 % | 50 % |
| Orthodontic Maximums | \$1,000 Lifetime | \$1,000 Lifetime | \$1,000 Lifetime | \$1,000 Lifetime |

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

† Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

| Rates | |
|------------------------|-------------------------------------|
| Low Plan Option: | High Plan w/\$1500 Current Year Max |
| Employee Only: \$27.76 | Employee Only: \$37.57 |
| Family : \$67.59 | Family : \$91.47 |
| | |
| | |

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

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.