



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 9220-5001, 5002, 5003
Rolls-Royce North America Inc.**

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 allowance for each service and it may vary due to the dentist's network participation.*

Control Plan: Delta Dental of Indiana

Benefit Year: January 1 through December 31

Maximum Payment: \$2,100 per person total per Benefit Year on all services except orthodontic services.
\$2,400 per person total per lifetime on orthodontic services.

Covered Services:

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier®Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Brush Biopsy - to detect oral cancer	90%	90%	90%
Radiographs - X-rays	90%	90%	90%
Minor Restorative Services - fillings and crown repair	90%	90%	90%
Endodontic Services - root canals	90%	90%	90%
Periodontic Services - to treat gum disease	90%	90%	90%
Oral Surgery Services - extractions and dental surgery	90%	90%	90%
Major Restorative Services - crowns	90%	90%	90%
Other Basic Services - misc. services	90%	90%	90%
Relines and Repairs - to prosthetic appliances	90%	90%	90%
Major Services			
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent Children up to age 19	Dependent Children up to age 19	Dependent Children up to age 19

* 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 amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Three additional periodontal maintenance procedures are payable in the same calendar year for individuals with a documented history of periodontal disease.