

Plan Benefit Highlights for: EPC Benefit Resources, Inc.

Group No: 20353

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	\$50 per person / \$150 per family each calendar year High Plan: Separate \$25 Orthodontics lifetime deductible per person			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
Deductibles waived for Orthodontics?	Low Plan: No High Plan: Yes			
Maximums	Low Plan: \$750 per person each calendar year High Plan: \$1,500 per person each calendar year			
D & P counts toward maximum?	No			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Low Plan			High Plan		
	Delta Dental PPO dentists [†]	Delta Dental Premier dentists [†]	Non-Delta Dental dentists [†]	Delta Dental PPO dentists [†]	Delta Dental Premier dentists [†]	Non-Delta Dental dentists [†]
Diagnostic & Preventive Services (D & P) Exams, cleanings and x-rays	100 %	90 %	90 %	100 %	90 %	90 %
Basic Services Fillings, simple extractions, stainless steel crowns, denture repairs/reline/rebase and sealants	70 %	60 %	60 %	80 %	70 %	70 %
Endodontics (root canals) Covered Under Basic Services	70 %	60 %	60 %	80 %	70 %	70 %
Periodontics (gum treatment) Covered Under Basic Services	70 %	60 %	60 %	80 %	70 %	70 %
Oral Surgery Covered Under Basic Services	70 %	60 %	60 %	80 %	70 %	70 %
Major Services Crowns, inlays, onlays and cast restorations	40 %	30 %	30 %	50 %	50 %	50 %
Prosthodontics Bridges and denture	40 %	30 %	30 %	50 %	50 %	50 %
Orthodontic Benefits Dependent children	0 %			50 %		
Orthodontic Maximum	N/A			\$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, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

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
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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.