

## Delta Dental PPO plus Premier™ Maxar Technologies Holdings Inc. – Buy Up Plan Group #W1025

Calendar Year Maximum			\$2,000 Per Person All Covered Classes, In and Out of Network		
Orthodontic Lifetime Maximum			\$2,000 Lifetime Maximum, For Employee, Spouse and Dependents through the end of month in which they turn 26		
Calendar Year Deductible			Individual Deductible – \$50.00 Combination of In and Out of Network		
Applies to Basic and Major Services			Family Deductible – \$150.00 Combination of In and Out of Network		
PPO	Premier	ist Dentist	Covered Services	Benefit Information	
Dentist	Dentist			(Subject to Delta Dental Guidelines and Limitations)	
Diagnostic and Preventive Services					
100%	100%	100%	Oral Evaluation	Allowed 4 evaluations in a calendar year	
			Bitewing X-rays	Allowed 1 set in a calendar year	
			Full Mouth/Panoramic X-rays	Allowed 1 in a 36-month period	
			Routine Cleaning	Allowed 4 cleanings in a calendar year	
			Fluoride Treatments	Allowed 2 treatments in a calendar year – through age 15	
			Space Maintainers	Allowed one per lifetime for posterior primary teeth – through age 15	
			Sealants	1 per tooth in 36 months – through age 15 on unrestored molars	
Basic Services					
80%	80%	80%	Fillings (Amalgam/Composite)	Benefits on the same surface limited to 1 in 12 months	
			Oral Surgery (Extractions)		
			General Anesthesia	Benefit with covered oral surgery including extractions	
			Surgical Periodontal	Benefit once every 36 months	
Major Services					
60%	50%	50%	Crowns	Benefit 1 in 60 months same tooth-not a benefit under age 12	
			Dentures, Partials, Bridges	Benefit 1 in 60 months-not a benefit under age 16	
			Occlusal Guards/Night Guards	Benefit 1 in 36 months	
			Implants (Restorative and Surgical)	Benefit 1 in 60 months-not a benefit under age 16	
Orthodontic Services					
50%	50%	50%	Orthodontic Treatment - \$2,000 Lifetime Maximum, For Employee, Spouse and Dependents through the end of month in which they turn 26		

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist. There are three levels of dentists to choose from.

PPO Dentist - Payment is based on the PPO dentist's allowable fee, or the actual fee charged, whichever is less.

Premier Dentist - Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less.

**Non-Participating Dentist** - Payment is based on the non-participating Maximum Plan Allowance. Members are responsible for the difference between the non-participating MPA and the full fee charged by the dentist. You will receive the best benefit by choosing a PPO dentist.

Open Enrollment applies. Members may add coverage once per year.

This is a brief description of services covered under your dental plan. Please refer to the Employee Benefit Booklet for full plan details. If differences exist between this summary and the Employee Benefit Booklet, the Employee Benefit Booklet will govern.