

**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 10229-0028  
The Kroger Company - Master Teamster Retirees**

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 Ohio

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

**Covered Services -**

|                                                                                       | <b>Delta Dental<br/>PPO™ Dentist<br/>Plan Pays</b> | <b>Delta Dental<br/>Premier® Dentist<br/>Plan Pays</b> | <b>Nonparticipating<br/>Dentist<br/>Plan Pays*</b> |
|---------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <b>Diagnostic &amp; Preventive</b>                                                    |                                                    |                                                        |                                                    |
| <b>Diagnostic and Preventive Services</b> - exams, cleanings, and fluoride            | 100%                                               | 100%                                                   | 100%                                               |
| <b>Sealants</b> - to prevent decay of permanent teeth                                 | 100%                                               | 100%                                                   | 100%                                               |
| <b>Radiographs</b> - X-rays                                                           | 100%                                               | 100%                                                   | 100%                                               |
| <b>Basic Services</b>                                                                 |                                                    |                                                        |                                                    |
| <b>Space Maintainers</b> - appliances to prevent tooth movement                       | 80%                                                | 80%                                                    | 80%                                                |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain                   | 80%                                                | 80%                                                    | 80%                                                |
| <b>Brush Biopsy</b> - to detect oral cancer                                           | 80%                                                | 80%                                                    | 80%                                                |
| <b>Minor Restorative Services</b> - fillings and crown repair                         | 80%                                                | 80%                                                    | 80%                                                |
| <b>Endodontic Services</b> - root canals                                              | 80%                                                | 80%                                                    | 80%                                                |
| <b>Periodontic Services</b> - to treat gum disease                                    | 80%                                                | 80%                                                    | 80%                                                |
| <b>Oral Surgery Services</b> - extractions and dental surgery                         | 80%                                                | 80%                                                    | 80%                                                |
| <b>Other Basic Services</b> - misc. services                                          | 80%                                                | 80%                                                    | 80%                                                |
| <b>Major Services</b>                                                                 |                                                    |                                                        |                                                    |
| <b>Major Restorative Services</b> - crowns                                            | 60%                                                | 60%                                                    | 60%                                                |
| <b>Relines and Repairs</b> - to prosthetic appliances                                 | 60%                                                | 60%                                                    | 60%                                                |
| <b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants | 60%                                                | 60%                                                    | 60%                                                |
| <b>Orthodontic Services</b>                                                           |                                                    |                                                        |                                                    |
| <b>Orthodontic Services</b> - braces                                                  | 50%                                                | 50%                                                    | 50%                                                |
| <b>Orthodontic Age Limit</b> -                                                        | Dependent Children through age 17 and under        |                                                        |                                                    |

\* 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 and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Two prophylaxes (cleanings) are payable per calendar year. Full mouth debridement is payable once per lifetime. Four periodontal maintenance procedures are payable per calendar year. A maximum of four of any of these procedures is payable in a calendar year.
- 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 18 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.
- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.

- Veneers are payable once per tooth per five-year period when necessary due to fracture or decay. Inlays are payable once in any two-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Exposure of the anatomical crown is a Covered Service.
- Vestibuloplasty, removal of lateral exostosis, reduction of osseous tuberosity, and surgical reduction of fibrous tuberosity are Covered Services.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures and tissue conditioning are payable once in any two-year period. Adjustments to complete dentures is payable twice in any twelve-month period. Adjustments to partial dentures is payable twice in any two-year period.
- 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 are payable once in any three calendar years.

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 website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$2,000 per Member total per Benefit Year on all services, except oral exams, prophylaxes (cleanings), fluoride, sealants, X-rays, and orthodontic services. \$1,500 per Member total per lifetime on orthodontic services.

**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 month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** – \$50 Deductible per Member total per Benefit Year. The Deductible does not apply to oral exams, fluoride, prophylaxes (cleanings), X-rays, sealants, and orthodontic services. \$100 Deductible per Member total per Benefit Year on cephalometric films, photos, diagnostic casts, and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the date that is defined by The Kroger Co.

**Eligible People** – All Employees as defined by The Kroger Co.

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. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. 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 on the date defined by The Kroger Co.