DELTA DENTAL®

FTI FAITH TECHNOLOGIES INCORPORATED

YOUR DENTAL BENEFITS

Prepared for the employees of Faith Technologies, Inc.

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network *
Individual Annual Maximum	$2,000	$2,000	$2,000
Deductible – Individual / Family	$50/$150	$50/$150	$50/$150
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, X-rays, space maintainers, sealants^	100%	100%	100%
Basic Services Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions, oral surgery	90%**	90%**	90%**
Major Services Crowns, bridges, dentures, implants, repairs and adjustments to bridges and dentures	80%**	80%**	80%**
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	50% $2000 Age 26 Yes	50% $2000 Age 26 Yes	50% $2000 Age 26 Yes
CheckUp™ Plus	Yes	Yes	Yes
EBICP	Yes	Yes	Yes
Special Health Care Needs Benefit	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to the end of the month they turn 26		

***Deductible applies* *^Age limitations may apply*

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.

*If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum – leaving more flexibility for restorative care that might be needed later.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

Special Health Care Needs Benefit is included on this plan. Members with a diagnosed special health care need that impacts their ability to get routine care may be eligible for additional services. Services include extra office visits, consultations, and dental cleanings as well as treatment modifications including limited anesthesia and nitrous oxide when necessary.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.