

# Summary of Benefits

## PPO Dental Summary of Benefits

On-shore Contract Situs

Global Assignee Plan

Proposed Policy Year: 01/01/2020 through 12/31/2020

PPO Dental			
PLAN FEATURES	Outside the U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Deductible</b>	None	None	None
<b>Type A Expense</b> <i>(Diagnostic &amp; Preventive)</i>	No charge	No charge	No charge
<b>Type B Expense</b> <i>(Basic Restorative)</i>	20%	20%	20%
<b>Type C Expense</b> <i>(Major Restorative)</i>	50%	50%	50%
<b>Calendar Year Maximum</b>	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500

Dental Plan Caveats
<p><b>Dental PPO</b></p> <p><b>Type A</b> <i>Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.</i></p> <p><b>Type B</b> <i>Includes Fillings, Simple Extractions and Oral Surgery.</i></p> <p><b>Type C</b> <i>Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only).</i></p>

The proposed plan of benefits is underwritten by Aetna Life Insurance Company (Delaware). This is only a brief summary of the PPO Dental benefits available. Some restrictions may apply. For more specific information about the coverage details, **including limitations, exclusions and other plan requirements**, please refer to the employee booklet (which will be provided near the time the plan becomes effective).