



Delta Dental PPO plus Premier™
Summary of Benefits
for Group# 1865-10001002, 10001005, 19901002, 19901005
Swift Transportation Co of AZ, LLC

This Summary 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.\*

Group - Swift Transportation Co of AZ, LLC

Benefit Year - January 1 through December 31

Deductible - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to diagnostic or preventive services, and sealants or orthodontic services.

Benefit Maximum Payment - \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

Child Age Limit - To age 26

Student Age Limit - To age 26

Covered Services -

Table with 4 columns: Service Category, Delta Dental PPO™ Dentist Plan Pays, Delta Dental Premier® Dentist Plan Pays, and Nonparticipating Dentist Plan Pays\*. Rows include Diagnostic & Preventive, Basic Services, Major Services, and Orthodontic Services.

\* 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. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

## Frequencies and Limitations

- Oral exams are payable twice per calendar year. Patient screening and assessment are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures for individuals with a documented history of periodontal disease are payable four times per calendar year. A maximum of four cleanings or maintenance procedures are payable per calendar year. Full mouth debridement is payable once in any three-year period. Scaling (equivalent to one cleaning) is payable once in any two-year period.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Sealants are payable once per tooth in any two-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once in any three-year period for people age 18 and under with moderate to high caries risk.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Six periapical X-rays are payable per calendar year.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 15 and under.
- Collection of microorganisms for culture and sensitivity is payable. Diagnostic casts are payable for non-orthodontic procedures. Collection and preparation of genetic sample material for laboratory analysis and report is payable once per lifetime.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period. Bone grafts, retrograde filling per root, biologic materials to aid in tissue regeneration, and guided tissue regeneration are payable once per tooth per lifetime when done in conjunction with apicoectomy/periradicular services. Pulpal regeneration is payable once per tooth per lifetime.
- Localized delivery of antimicrobial agents is payable.
- Full and partial dentures are payable once in any seven-year period. Full and partial dentures are not payable when completed within 12-months of interim complete denture or immediate denture.
- Bridges are payable once in any seven-year period. Re-cement or re-bond of bridges are payable once in any 12-month period.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are payable. Semi-precision abutment and attachment placement are payable once in any seven-year period. Implant maintenance procedures when prostheses are removed and reinserted and implant abutment repair are payable.
- Implants are payable once per tooth in any seven-year period. Implant-related services are payable. Prefabricated and custom fabricated abutments are payable once in any seven-year period. Removal of implant body not requiring bone removal nor flap elevation are payable once per calendar year. Removal of broken implant retaining screw and surgical removal of implant body are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Crowns, onlays, substructures, and veneers are payable once per tooth in any seven-year period. Re-cement or re-bond of crown or restoration is payable once in any 12-month period. Repairs to crowns, inlays, onlays and veneers due to restorative material failure are payable once in any 12-month period.
- Ridge augmentation is payable once in any seven-year period. Sinus augmentation is payable once in any seven-year period. Bone replacement graft for ridge preservation is payable once in any seven-year period. Oral surgery, including simple and surgical extractions, is payable.
- Therapeutic parenteral drugs are payable. Application of desensitizing medicament or resin is payable with a documented history of periodontal disease. Cleaning and inspection of removable complete and partial dentures are payable twice per calendar year. Occlusal guards are payable once in any two-year period. Repair and/or relining of occlusal guard is payable once per lifetime. Occlusal adjustment is payable once in any 12-month period.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

**Eligible People** – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber 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 Subscriber is enrolled (except under COBRA) and

must be enrolled in the same plan as the Subscriber. 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.

**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, 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 Subscribers under this Dental Plan.

Coverage ends at the end of the day that the Subscriber and/or dependent is no longer eligible.