



Delta Dental PPO plus Premier™ Summary of Benefits for Group# 1865-10001003, 10001006, 19901003, 19901006 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.

Benefit Maximum Payment - \$1,000 per person total per Benefit Year on all covered services.

Child Age Limit - To age 26

Student Age Limit - To age 26

Covered Services -

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%

* 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. Diagnostic consultations are not payable.
- 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 bicuspids 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, and services related to dentures are not payable.
- Bridges are not payable.
- Crowns over implants and related services are not payable.
- Implants and implant-related services are not payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Inlays are not payable.
- Major restorative services are not payable with the exception of protective restoration.
- Oral surgery, including simple and surgical extractions, is payable.
- Therapeutic parenteral drugs are payable. Application of desensitizing medicament or resin is payable for people with a history of periodontal disease. Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards and fixed partial denture sectioning are not payable.
- Orthodontic services, including 2D images, exposure of an unerupted tooth, and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

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.