### Dental Plan Summary Chart

**Effective January 1 – December 31, 2015**

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Network (DeltaPremier Dentist)</th>
<th>Network (OSU Student Dental Clinic)</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$40 per person</td>
<td>$0</td>
<td>$40 per person</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$1,200 per person¹,³</td>
<td>(Orthodontics has a separate lifetime maximum of $1,200)</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes cleanings, fluoride treatments, and space maintainers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Palliative Treatments</strong></td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td>80% of allowed amount, after deductible; no balance billing²</td>
<td>90% of allowed amount; no deductible; no balance billing²</td>
<td>80% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(root canals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Examinations</strong></td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>100% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td>80% of allowed amount, after deductible; no balance billing²</td>
<td>90% of allowed amount; no deductible; no balance billing²</td>
<td>80% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes impacted tooth extraction)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td>50% of allowed amount, up to $1,200¹; no deductible</td>
<td>100% of allowed amount, up to $1,200¹; no deductible</td>
<td>50% of allowed amount, up to $1,200¹; no deductible</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>80% of allowed amount, after deductible; no balance billing²</td>
<td>90% of allowed amount; no deductible; no balance billing²</td>
<td>80% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(gum disease)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td>50% of allowed amount, after deductible; no balance billing²</td>
<td>60% of allowed amount; no deductible; no balance billing²</td>
<td>50% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes dentures, fixed bridgework, and implants)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative Services – Major</strong></td>
<td>50% of allowed amount, after deductible; no balance billing²</td>
<td>60% of allowed amount; no deductible; no balance billing²</td>
<td>50% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes cast restorations and crowns)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative Services – Minor</strong></td>
<td>80% of allowed amount, after deductible; no balance billing²</td>
<td>100% of allowed amount; no deductible; no balance billing²</td>
<td>80% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes fillings, and repair of bridgework crowns, dentures, and onlays)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sealants</strong></td>
<td>80% of allowed amount, after deductible; no balance billing²</td>
<td>90% of allowed amount; no deductible; no balance billing²</td>
<td>80% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>Temporomandibular Disorder</strong></td>
<td>No coverage under the Dental Plan. Limited coverage is available under the Ohio State medical plans.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(TMD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>X-rays, Bitewings</strong></td>
<td>100% of allowed amount; no deductible; no balance billing</td>
<td>100% of allowed amount; no deductible; no balance billing</td>
<td>100% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td><strong>X-rays, All Others</strong></td>
<td>100% of allowed amount, after deductible; no balance billing</td>
<td>100% of allowed amount; no deductible; no balance billing</td>
<td>100% of allowed amount, after deductible; subject to balance billing</td>
</tr>
<tr>
<td>(includes full mouth)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ You are responsible for all costs over the maximums.

² For any optional treatment (defined as a service that is more expensive than what is customarily provided or for which Delta Dental does not determine that a valid dental need is shown), you are responsible for the costs over the allowed amount, regardless of whether or not the service is provided in-network.

³ Some services are excluded from the annual maximum. A list of these services can be found in the Dental Plan – Specific Plan Details document.

**Note:** This document is intended to be a short summary of program provisions. Plan limitations and exclusions are not included. For details of the Dental Plan, refer to the Dental Plan – Specific Plan Details document, available online at hr.osu.edu/hrpubs/ben/dentalspd.pdf. If the information provided in this summary differs from the online information, the online information will govern.