

BESE Holding, Inc. – Bountiful Enterprises & Skyhook Erecting	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out-of-Network
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of- Network dentist - Balance billing is possible
Preventive services <ul style="list-style-type: none"> • Bitewing x-rays, one set per benefit period • Full-mouth x-rays (pano), once in any 36 month period • Oral examinations, twice in any benefit period • Periapical x-rays, as required • Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Prophylaxis (cleanings), twice in any benefit period • Sealants for dependent children under age 16, once in 5 years • Space Maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children under age 16, once in any benefit period 	100%	100%	100%
Basic services <ul style="list-style-type: none"> • Emergency palliative treatment • Fillings • Simple Extractions 	80%	80%	80%
Major services <ul style="list-style-type: none"> • Bridges, once in 7 years • Crowns, Inlays, Onlays, once in 7 years • Dentures, once in 7 years • Endodontics • General Anesthesia • Implants, as well as bone grafts, are a covered benefit. Limited to once in 7 years. • Non-Surgical Periodontics • Oral Surgery (excluding extractions) • Surgical Extractions • Surgical Periodontics 	50%	50%	50%
Orthodontia <ul style="list-style-type: none"> • Orthodontia for all eligible participants (lifetime maximum) 	50% up to \$2,000 No deductible	50% up to \$2,000 No deductible	50% up to \$2,000 No deductible
Calendar year deductible (Applied to Basic and Major services)	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family
Annual maximum (Applied to Preventive, Basic and Major services)	\$2,500	\$2,500	\$2,500
Dependent age limit: 26			
Added features included <ul style="list-style-type: none"> • HSHL basic • MAXAdvantage - benefits paid for preventive exams, cleanings, fluoride, and x-rays will not be applied to the annual benefit maximum. 			

This is intended to be a summary only. If a discrepancy occurs the Summary Plan Document will govern. Please refer to your Summary Plan Description (SPD) for a more complete listing of services including plan limitations and exclusions. Orthodontic treatment in progress may be covered. Benefits provided by the prior carrier will be subtracted from the lifetime maximum available from Delta Dental.