

**Delta Dental PPO™ (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group #1150-0001, 0002, 0003, 0097, 0098, 0099**  
**Total Quality Logistics, LLC**  
**Dental Buy-Up Plan**

This Summary of Dental Plan 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.\*

**Control Plan** – Delta Dental of Ohio

**Benefit Year** – January 1 through December 31

**Covered Services** –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, and fluoride	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> – appliances to prevent tooth movement	80%	60%	60%
<b>Harmful Habit Appliance</b>	80%	60%	60%
<b>Palliative Treatment</b> – to temporarily relieve pain	80%	60%	60%
<b>Minor Restorative Services</b> – fillings	80%	60%	60%
<b>Endodontic Services</b> – root canals	80%	60%	60%
<b>Periodontic Services</b> – to treat gum disease	80%	60%	60%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	60%	60%
<b>Other Basic Services</b> – misc. services	80%	60%	60%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Major Restorative</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> – to prosthetic appliances	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	No Age Limit	No Age Limit	No Age Limit

\* When you receive services from a Non-Participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-Participating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Comprehensive periodontal evaluations are also payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Periodontal maintenance procedures are also payable twice in the same calendar year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 14 and under.
- Space maintainers are payable once per area per lifetime for people age 14 and under.

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and first bicuspids once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Root planing is payable once per quadrant per three-year period.
- Tissue conditioning is payable once in any three-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any two-year period.
- A removable or fixed harmful habit appliance is payable once per lifetime up to age 15.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.
- Coverage includes treatment of accidental injuries to sound natural teeth rendered within 12 months of the date of the accident.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,500 per Member total per Benefit Year on all services except orthodontic services (excluding harmful habit appliances). \$1,000 per Member total per lifetime on orthodontic services except harmful habits appliances.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

#### **Deductible**

**Delta Dental PPO™ Dentist** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, sealants, brush biopsy, and orthodontic services.

**Delta Dental Premier® Dentist or Non-Participating Dentist** - \$75 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$225 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, sealants, brush biopsy, and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the first day of the month following 30 days of active continuous employment.

**Eligible Employees** – All regular full-time and part-time employees of the Contractor who choose the Buy-Up Plan: Total Quality Logistics, LLC (0001), Victory Equipment & Services (0002), KGB Capital (0003) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees: KGB Capital (0097), Victory Equipment & Services (0098), Total Quality Logistics, LLC (0099).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

You and your eligible Dependents may only enroll during an open enrollment period or when the enrollment is the result of a qualifying event as defined under Internal Revenue Code Section 125. Your Dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, 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 Enrollees under This Plan.

Benefits will cease on the date of termination of employment.