

Nippon Life Benefits Dental Benefit Highlights

InDxLogic, Inc.
Effective 12/1/2019

| Provisions and Benefits | | In-Network | Out-of-Network |
|--|------------------------|---|---|
| Calendar Year Combined Deductible | Preventive Services | \$0 | \$0 |
| | Basic & Major Services | \$50 per person \$150 per family | \$50 per person \$150 per family |
| Maximum Payment Limit | | Dental \$2,000 per person per calendar year | |
| Preventive Services <ul style="list-style-type: none"> • Preventive exam (once in 6 months) • Teeth cleaning (once in 6 months) • X-rays - full mouth, bitewing (once in 12 months), and intraoral • Fluoride application for children under age 16 (once in 12 months) • Sealants for first and second permanent molars of children under age 16 (once each tooth in 36 months) | | 100% coinsurance | 100% coinsurance |
| Basic Services <ul style="list-style-type: none"> • Fillings (other than gold) • Space maintainers for children under age 16 • Minor oral surgery, including simple extractions • Limited oral evaluations –problem focused • X-rays – intraoral, extraoral (once in 6 months) and occulsal x-rays • Consultation with a specialist (once in 12 months) • Scaling and root planing (once each quadrant in 24 months) • Periodontal prophylaxis (twice in 12 months) • Stainless steel crowns • Oral cancer screening, including brush biopsy (once in 24 months) • Periodontal surgical services and appliances (once in 36 months) • Endodontic services, including root canal therapy | | 80% coinsurance; subject to calendar year deductible | 80% coinsurance; subject to calendar year deductible |

| Provisions and Benefits | In-Network | Out-of-Network |
|---|---|---|
| Major Services <ul style="list-style-type: none"> • General Anesthesia or IV sedation • Gold inlays, gold onlays, crowns • Installing or replacing dentures or bridges • Repairs to dentures, bridges, crowns • Relining or rebasing of dentures (once in 36 months) • Recementing of inlays, onlays, crowns other than stainless steel crowns or bridges • Tissue conditioning • Denture adjustment • Temporary complete or partial dentures • Emergency palliative treatment • Complex oral surgery including extractions • Implants | 50% coinsurance; subject to calendar year deductible | 50% coinsurance; subject to calendar year deductible |
| Orthodontia (children only to age 19) <ul style="list-style-type: none"> • Formal, full-banded retention and treatment • Removable or fixed appliances for tooth or bony structure guidance or retention • Harmful habit appliance • Cephalometric x-ray | 50% coinsurance | 50% coinsurance |
| | Orthodontia Max \$1000 | |
| Basis for Reimbursement | Negotiated Fee | 95 th Percentile |

Treatment plan may be submitted when non-emergency services are expected to be more than \$300.

Open Enrollment included (enroll during 30 day before anniversary date to avoid late entrant status)

Deferred Coverage for late enrollees (requests made more than 31 days after the date eligible or the date the person elects to terminate coverage): For Late enrollees, coverage is limited to:

- For the first 12 months – Unit 1 services only
- For the second 12 months – Units 1 and 2 services only
- After 24 consecutive months, full coverage is provided.

Deferred Coverage for other than late enrollees (requests made on or before the date eligible or within 31 days after the date eligible):

- For persons who were covered under a prior dental plan, or are not Late Enrollees (as defined above) full coverage is provided and no deferral will apply.

Listed benefits are only covered if the treatment is for necessary dental care.

The above highlights are intended as an overview. In any discrepancy between the highlights and the master contract, the master contract will govern. These highlights do not guarantee benefits or eligibility. All terms, provisions, conditions, limitations and exclusions shown in the booklet-certificate and master policy will apply.