

# YOUR DENTAL BENEFITS

Prepared for the employees of Exact Sciences Corporation

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Core Plan	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network**
<b>Individual Annual Maximum</b>	\$1,500	\$1,500
<b>Individual Oral Surgery Annual Maximum</b>	\$1,500	\$1,500
<b>Deductible - Individual / Family</b>	\$50/\$150	\$50/\$150
<b>Diagnostic &amp; Preventive</b> Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants	100%	100%
<b>Basic &amp; Major Services</b> Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions, other oral surgery	80%*	80%*
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	50%*	50%*
<b>Orthodontic Services</b>	No coverage	No coverage
<b>CheckUp™ Plus</b>	Yes	Yes
<b>EBICP</b>	Yes	Yes
<b>Dependent Eligibility</b>	Dependents are covered to the end of the month they turn 26	

\*Deductible applies

\*\*When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

**CheckUp™ Plus** allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.

**Evidence-Based Integrated Care Plan (EBICP)** provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

**Need assistance?** Contact Customer Service at 800-236-3712 or [claims@deltadentalwi.com](mailto:claims@deltadentalwi.com). Learn more at [www.deltadentalwi.com](http://www.deltadentalwi.com).