Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Exxon Mobil Corporation

Group Number: 22860 **Effective Date:** 1/1/2025

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member / per family each calendar year	\$50/ \$150	\$50/\$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	\$2,000	\$2,000	\$2,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Denture Repair/Reline/Rebase	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges and Dentures	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Adults and Dependent Children	50%	50%	50%
Orthodontic Maximums	\$2,000 Lifetime	\$2,000 Lifetime	\$2,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

^{**} Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists. Reimbursement for claims for Covered Services performed by non-Delta Dental dentists are based on the 80th percentile of reasonable and customary (R&C) limits. Treatment from a non-Delta Dentist may result in higher out-of-pocket costs, even for diagnostic and preventative services.

Delta Dental Insurance Company	Customer Service	Claims Address	
1130 Sanctuary Parkway, Suite 600	800-521-2651	P.O. Box 1809	
Alpharetta, GA 30009	www1.deltadentalins.com/exxonmobil	Alpharetta, GA 30023-1809	

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

^{*} Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.