

Dear Pepco Holdings, Inc. Retiree or Surviving Spouse:

Delta Dental is pleased to offer and administer a dental plan for Pepco Holdings, Inc. retirees and surviving spouses with benefits comparable to those offered to active employees.

Delta Dental fully manages this voluntary program, which is 100 percent retiree paid. It is important to note that PHI is making this group dental coverage available through Delta Dental but will have no administrative responsibilities for managing the plan. Contact Delta Dental's customer service directly at 800-932-0783 if you have questions about the retiree dental plan.

The retiree dental plan offers you comprehensive coverage with opportunities to save money on your dental services. Delta Dental also has the largest network of dentists in the country, which makes it easy for you to find a dentist who can save you money. With four out of five dentists participating with Delta Dental, chances are your dentist is already a Delta Dental dentist.

**You are free to visit any dentist you want and receive applicable benefits, but you likely will save most when you visit a Delta Dental dentist.**

With the retiree dental plan, you'll enjoy significant coverage for many common dental procedures:

- **Diagnostic and preventive services** – including two cleanings and exams a year – won't cost you anything when you go to a Delta Dental dentist.
- **Fillings ("silver" and "white"), root canals, gum treatment and oral surgery** are covered at 80 percent of Delta Dental's discounted fees when you go to a Delta Dental dentist. That means your out-of-pocket costs likely will be less when you receive services from a Delta Dental dentist.
- **Crowns, inlays, onlays, bridges, dentures, implants, occlusal guards and porcelain onlays** are covered at 50 percent of Delta Dental's discounted fees.
- **Orthodontics** is covered at 75 percent of Delta Dental's discounted fees for dependent children to the end of the month they reach age 26.

To take advantage of this new benefit for PHI retirees and surviving spouses and begin saving on your dental care, enroll now with the enclosed application. You will have 60 days from the date of your retirement to enroll in the dental plan. ***Please note that if you choose not to enroll in the PHI Retiree Dental Plan at this time, you will not have an opportunity to elect this coverage at a later date.*** Please refer to the enclosed enrollment form for details on how to enroll and the effective date of your coverage.

Sincerely,

*Delta Dental*



## HOW TO ENROLL IN PEPCO HOLDINGS, INC. - RETIREE DENTAL PLAN

1. Complete the enclosed Enrollment Form. Be sure to complete all the information requested on the form, including the type of enrollment you would like to choose (i.e., Single Only (Retiree or Surviving Spouse), Retiree or Surviving Spouse Plus One Dependent, Retiree or Surviving Spouse Plus Two or More Dependents).
2. Make your check for the first month's premium payable to *Wolfpack Insurance Services, Inc.*, Delta Dental's enrollment administrator. The amount of the check will depend on the type of enrollment you choose. The chart below lists the MONTHLY rates for each type of enrollment.
3. Send your completed enrollment form and your payment to:

*Wolfpack Insurance Services, Inc.  
P.O. Box 720  
Belmont, CA 94002-0720*

4. In order for you to be eligible for benefits beginning January 1, 2012, your enrollment form must be postmarked no later than December 20, 2011.
5. If you have any questions about enrolling in the dental program, please call Wolfpack Insurance Services at 1-888-837-7511.
6. *Please note that if you choose not to enroll in the Pepco Holdings, Inc. – Retiree Dental Plan at this time, you will not have an opportunity to elect this coverage at a later date. If you decline coverage at this time due to other dental plan coverage, and you later lose that coverage, you may at that time enroll in the PHI Retiree Plan as long as that election is made within 60 days of the loss of other dental coverage.*

## MONTHLY RATES AND PLAN BENEFITS FOR PEPCO HOLDINGS, INC. - RETIREE DENTAL PLAN

ENROLLMENT TYPE	MONTHLY RATES*
Single Only (Retiree or Surviving Spouse)	\$66.76
Retiree or Surviving Spouse Plus One Dependent	\$116.14
Retiree or Surviving Spouse Plus Two or More Dependents	\$168.57

\*Dental rates are guaranteed from January 1, 2012 through December 31, 2012

SERVICES	PLAN BENEFITS
Diagnostic	100%
Preventive	100%
Basic Restorative	80%
Oral Surgery	80%
Endodontics	80%
Periodontics	80%
Major Restorative	50%
Prosthodontics	50%
Implants	50%
Orthodontics (Covered for dependents to the end of the month they reach age 26)	75%
Occlusal Guards	50%
Porcelain Onlays	50%
<b>MAXIMUM BENEFITS</b>	\$2,000 per person per calendar year
<b>ORTHODONTIC LIFETIME MAXIMUM</b>	\$2,000 lifetime per person

*Note: Percentages apply to Delta Dental's Maximum Plan Allowances or the dentist's actual fee, whichever is less.*



# DELTA DENTAL ENROLLMENT FORM

## Pepco Holdings, Inc. - Retiree Dental Plan

**PLEASE PRINT**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

TYPE OF ENROLLMENT:  Retiree or Surviving Spouse

Retiree or Surviving Spouse & One Dependent

Retiree or Surviving Spouse & Family

RETIREMENT DATE: \_\_\_\_\_ EFFECTIVE DATE OF COVERAGE: January 1, 2012

**Please list eligible dependent(s) to be covered in addition to yourself:**

Spouse Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dependent Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dependent Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dependent Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Remit your first month's payment and this completed form to:

Wolfpack Insurance Services, Inc.  
P.O. Box 720  
Belmont CA 94002-0720

Your enrollment form must be postmarked by December 20, 2011, if you would like to be enrolled by January 1, 2012.

Please make check payable to: **WOLFPACK INSURANCE SERVICES, INC.**

# Standard Limitations and Exclusions

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## Limitations

- Full mouth x-rays and panorex x-rays accompanied by bitewing x-rays are limited to once in any 3-year period.
- Bitewing x-rays are limited to once twice in a calendar year.
- Periodic examinations of the full mouth are limited to twice in a calendar year.
- Prophylaxis and fluoride application may be performed either together or separately.
- Prophylaxes are limited to twice in a calendar year.
- Fluoride applications as a benefit are limited to twice in a calendar year up to age 19.
- Sealants are a benefit limited to age 14 once in any 36-month period on unfilled permanent first and second molars.
- Space maintainers are a benefit up to age 14.
- Replacement of restorative crowns, inlays and onlays is a benefit once only in any 5-year period irrespective of who provided previous restoration or paid benefits therefore.
- Replacement of an existing denture will be made only if it is unsatisfactory and cannot be made satisfactory. Services which are necessary to make such appliances fit will be provided in accordance with the Group Dental Service Contract.
- Prosthodontic appliances and abutment crowns will be replaced only after 5 years have elapsed following any prior provision of such appliances and abutment crowns under any plan procedure.
- General anesthesia and IV sedation are benefitted with all covered oral surgery procedures and with select endodontic and periodontal surgeries.
- Benefits for specific oral surgery procedures, such as the reduction of fractures, removal of tumors, and removal of impacted teeth, which are benefitted under a medical insurance contract or a medical or hospital service contract for which premiums are paid by the Plan Administrator by which you are covered shall be determined first under that contract. Delta Dental's obligation for these oral surgery services shall be limited to the difference between benefits paid under the other contracts up to the Allowed Amount for the procedure less the applicable deductible and patient copayment. When coverage is not paid for by the Plan Administrator or there is no medical or hospital coverage, Delta Dental's obligation shall be subject to coordination of benefits or limited to the Allowed Amount for the procedure less the applicable deductible and patient copayment.
- Benefits for periodontal surgery in the same quadrant are limited to once in any 5-year period. The 5-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this Contract, under any prior dental contract, or by you.
- Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

## **Exclusions**

- Services or supplies which are provided to patient by any federal or state government agency or by any municipality, county, or other political subdivision.
- Charges for which benefits or services are provided to the patient by any hospital, medical or dental service corporation, any group insurance, franchise, or other prepayment plan for which an employer, union, trust or association makes contributions or payroll deductions (unless the coordination of benefit provisions provide otherwise).
- Charges for dental practice administrative services including but not limited to preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton, swabs, gauze, bibs, masks or relaxation techniques such as music.
- Procedures to correct congenital or developmental malformations except for dependent children or newborn children eligible at birth.
- Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by attrition or erosion, or otherwise.
- Treatments or supplies primarily for cosmetic purposes.
- Services provided or supplies furnished or devices started prior to the effective eligibility date of a patient.
- Preventive plaque control programs, including oral hygiene programs.
- Periodontal splinting, equilibration and gnathological recordings.
- Myofunctional therapy.
- Temporomandibular joint dysfunction, unless covered under the group contract.
- Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
- Prescription drugs, pre-medication, analgesias, and general anesthesia, unless covered under the group contract.
- Treatment or supplies for which the patient would have no legal obligation to pay in the absence of this or any other similar coverage.
- Experimental procedures which have not been accepted by the American Dental Association.
- Adult orthodontics.