

DELTA DENTAL

Client Name: SUNOCO, INC.

Group No.: 01015 - RETIREES

Effective Date: October 1, 2008

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPOSM

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier[®] indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

IN-PPO NETWORK	OUT-OF-PPO NETWORK
DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER [®] DENTISTS & NON-DELTA DENTAL DENTISTS
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.
You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient's share* at the time of treatment.
PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.** Premier dentists will complete claim forms and submit them for you at no charge.

SAMPLE CLAIM SAVINGS

	IN-PPO NETWORK	OUT-OF-PPO NETWORK	
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills	\$180.00	\$180.00	\$180.00
Dentist accepts as payment in full	\$90.00 (Delta Dental's agreed-upon fee)	\$130.00 (Delta Dental's agreed-upon fee)	\$180.00 (No fee agreement with Delta Dental)
Delta Dental's payment 50%	\$45.00	\$65.00	\$65.00
Patient share*	\$45.00	\$65.00	\$115.00
Patient savings	\$70.00	\$50.00	\$0.00

* Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative for the provisions specified in your Group Dental Contract.

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

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WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 23 if dependent is full-time student
DEDUCTIBLES	In-PPO Network: \$50 per person, \$150 per family, per plan year Out-Of-PPO Network: \$50 per person, \$150 per family, per plan year
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	In-PPO Network: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Out-Of-PPO Network: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ANNUAL MAXIMUM	The maximum benefit paid per plan year is \$1500 per person In-PPO Network The maximum benefit paid per plan year is \$1500 per person Out-Of-PPO Network

BENEFITS AND COVERED SERVICES*	In-PPO Network**	Out-Of-PPO Network**
DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, sealants	100 %	100 %
BASIC BENEFITS -- Fillings, denture repair and relining	80 %	80 %
MAJOR BENEFITS -- Crowns, inlays, onlays and cast restorations	50 %	50 %
ENDODONTICS -- Root canals	80 %	80 %
PERIODONTICS -- Gum treatment	80 %	80 %
ORAL SURGERY -- Incisions, excisions, surgical removal of tooth including simple extractions	80 %	80 %
PROSTHODONTICS -- Bridges, dentures, implants	50 %	50 %

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on PPO fees for In-PPO Network dentists and the MPA (maximum plan allowance) for Out-Of-PPO Network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



Delta Dental of Pennsylvania

Customer Service www.deltadentalins.com
800-932-0783 (Business Hours: 8 am to 8 pm ET)

Claims Address
One Delta Drive, Mechanicsburg, PA 17055

07/08

Standard Limitations and Exclusions

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 any 12-month period.
- Periodic examinations of the full mouth are limited to twice in any 12-month period.
- Prophylaxis and fluoride application may be performed either together or separately.
- Prophylaxes are limited to twice in any 12-month period.
- Fluoride applications as a benefit are limited to twice in any 12-month period 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.
- Benefits for specific oral surgery procedures, such as the reduction of fractures, removal of tumors, and removal of impacted teeth, which are benefited 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.
- General anesthesia, except with covered oral surgery procedures of one or more simple extractions and/or with surgical extractions for patients under age 19; and except with three or more simple extractions and/or one or more surgical or impacted extractions for patients age 19 and over.
- Composite restorations in molar posterior teeth. If posterior composite restorations are provided on molar teeth, Delta Dental will pay the allowance for an amalgam restoration and the patient will be responsible for the additional cost.
- 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.
- Orthodontic services, including tooth guide appliances