

Benefits	In-Network		Out-of-Network	
Calendar Year Maximum* (Class II and III expenses apply)	Level 1: \$3,000		Level 1: \$3,000	
	Level 2: \$3,250		Level 2: \$3,250	
	Level 3: \$3,500		Level 3: \$3,500	
	Level 4 and beyond: \$3,750		Level 4 and beyond: \$3,750	
Annual Deductible (Waived for Class I and Orthodontia) Individual Family	\$25 per person \$75 per family		\$25 per person \$75 per family	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Full Mouth X-rays Bitewing X-rays Panoramic X-ray Periapical X-rays Fluoride Application Sealants Space Maintainers Emergency Care to Relieve Pain	100%	No Charge	80%	20%
Class II - Basic Restorative Care Fillings Root Canal Therapy/Endodontics Osseous Surgery Periodontal Scaling, Root Planing and Maintenance Denture Adjustments and Repairs Oral Surgery Anesthetics Surgical Extractions of Impacted Teeth Repairs to Bridges, Crowns and Inlays	80%**	20%**	60%**	40%**
Class III - Major Restorative Care Crowns Dentures Bridges Inlays/Onlays Implants Prosthesis Over Implant Occlusal Guards	50%**	50%**	40%**	60%**
Class IV - Child and Adult Orthodontia Lifetime Maximum	50% \$2,500	50%	50% \$2,500	50%

***Calendar Year Maximum**

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why the Philips Dental Plan includes an annual maximum preventive incentive. When you or your covered family members receive any preventive care during the plan year, that member's calendar year maximum will increase by one level in the following plan year until Level 4 is reached. If you or your covered family members do not receive preventive services during the year, that member's annual benefit maximum will be reduced by one level per year. All employees and covered family members are guaranteed the Level 1 annual maximum regardless of their participation in preventive services. Please refer to your SPD for additional information on this plan feature.

** Subject to annual deductible

Pre-treatment estimate is recommended for any procedure that exceeds \$300. This will help you estimate any out-of-pocket expenses that may be incurred and confirm coverage under the Dental Plan.

2018 Enhanced Dental Plan

Philips employees have the option to choose between two national Preferred Provider Organization (PPO) Dental Plans. The benefit levels are the same; however, the provider networks are different for each plan. A list of providers can be found on the websites listed below.

Cigna Dental

- Network: Total Cigna DPPPO
- Customer Service Phone Number: **1.800.CIGNA24 (1.800.244.6224)**
- Website: **www.cignadental.com**

Delta Dental of Massachusetts

- Network: Delta Dental PPO Plus Premier (Delta Dental PPO providers considered in network, Delta Dental Premier considered out-of-network)
- Customer Service Number: **1.844.260.6094**
- Website: **www.deltadentalma.com**

Dental PPO Limitations

Exams	Two per Calendar year
Occlusal Guards	1 per 24 months
Prophylaxis (Cleanings)	Two per Calendar year (Cross Accumulates with Periodontal Maintenance)
Periodontal Maintenance	Four per Calendar year (Cross Accumulates with Prophylaxis Cleanings)
Perio Scaling and Root Planning	1 per 2 Calendar years
Fluoride	2 per Calendar year for children under 19
X-Rays (routine)	Bitewings: 2 per Calendar year for children under 19; 1 per Calendar year for adults age 19 and over
X-Rays (non-routine)	Full mouth: 1 every 60 consecutive months; Panorex: 1 every 60 consecutive months
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	1 per 3 Calendar years
Crowns and Inlays	Replacement every 7 Calendar years
Bridges	Replacement every 7 Calendar years
Dentures and Partials	Replacement every 7 Calendar years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once based on medical necessity
Repairs - Dentures	Reviewed if more than once based on medical necessity
Sealants	Limited to posterior tooth. One treatment per tooth every five years up to age 19
Space Maintainers	Limited to non-Orthodontic treatment to age 14
Root Canal Therapy/Endodontics	1 per 2 Calendar years
Prosthesis Over Implant	1 per 7 Calendar years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges

Out-of-Network Providers:

Services provided by out-of-network providers will be reimbursed according to the following:

- **Cigna** – Out-of-network providers: 90% of Reasonable and Customary allowances; providers may balance bill the member up to their usual fees
- **Delta Dental** – Delta Dental has two levels of out-of-network providers:
 - Delta Dental Premier: **Premier providers will be paid at the out-of-network level.** However, members will still benefit from lower fees negotiated by Delta Dental and providers will not balance bill the member
 - Out-of-Network providers: 90% of Reasonable and Customary allowances; providers may balance bill the member up to their usual fees

This document contains only highlights of the Philips benefit plans and programs. Receipt of this document does not guarantee eligibility for any Philips sponsored plan or program of benefits. Eligibility for and entitlement to a benefit is governed by the terms of the official Plan Document. In the event of a discrepancy between the official Plan Document and this document, the official Plan Document will control. Philips reserves the right to modify, or terminate completely, any benefit plan or program, at any time and without notice. This document does not constitute an express or implied contract of employment. Your employment remains at will.