

Pacific Life & Annuity Company

Benefit Highlight Sheet

Coverage effective date: November 1, 2025

Pearl Public School District

Welcome to Pacific Life Dental Insurance

Pacific Life Dental promotes good dental health by providing you with high-quality dental benefits that offer coverage for routine exams and other services at reduced costs.

Coverage available for:

- Employee Only \$35.60
- Employee + Spouse \$75.21
- Employee + Children \$83.94
- Employee + Family \$118.76

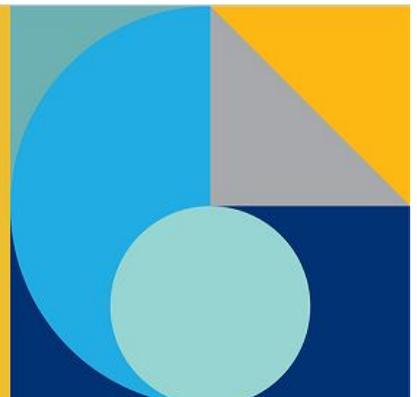
Large National Network

Your plan gives you the flexibility to choose any dentist or a dentist in our extensive, national network.

The benefits of going in-network include:

- **Reduced out-of-pocket costs**
In-network dentists have accepted negotiated fees that will save you money
- **No claims to fill out**
In-network dentists will file claims on your behalf
- **Quality assurance**
In-network dentists are credentialed and regularly reviewed assuring strict network standards

Search for providers at [pacificlife.com/dental](https://www.pacificlife.com/dental)



Plan Services - High Plan

| PPO Plan | In-Network | Out-of-Network |
|-----------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Benefit Year Maximum | Applies to Class A, B & C Services \$1,500 per person | Applies to Class A, B & C Services \$1,500 per person |
| COINSURANCE | | |
| Class A: Preventive | 100% | 100% |
| Class B: Basic | 80% | 80% |
| Class C: Major | 50% | 50% |
| Class D: Orthodontics | 50% | 50% |
| Deductible | Applies to Class B & C Services \$50 per person (Maximum 3 per family) | Applies to Class A, B & C Services \$50 per person (Maximum 3 per family) |

| Dental Covered Services | |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Class A - Preventive No waiting period | <ul style="list-style-type: none"> • Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months , additional cleaning for verified health conditions) • Bitewing x-rays (maximum of 4 films per 12 months) • Full mouth x-rays (1 per 36 months) • Emergency pain • Fluoride (children up to age 16) • Sealants (children up to age 16) • Space maintainers • Oral cancer screening for ages 40+ |
| Class B - Basic No waiting period | <ul style="list-style-type: none"> • Fillings • Posterior composite restorations • Simple extractions • Surgical extractions • General anesthesia (in conjunction with complex oral surgery) • Oral surgery • Crown, denture and bridge repairs |
| Class C - Major No waiting period | <ul style="list-style-type: none"> • Inlays and onlays • Non surgical periodontics • Periodontal maintenance (in combination with prophylaxis) • Endodontics • Surgical periodontics • Crowns, Bridges, Dentures and Implants |
| Class D - Orthodontics No waiting period | <ul style="list-style-type: none"> • Separate lifetime maximum: \$1,000 • This benefit is available for adults and children |

Plan Benefits and Information

Search for providers online:
pacificlife.com/dental

Log in for access to:

- Our large dental network
- Network discounts
- Provider ratings

You can also:

- Access benefit information
- View claims
- Access ID cards
- Leverage dental cost estimator
- Review oral health library

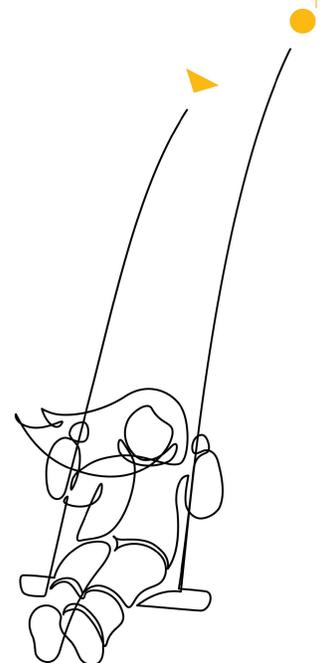
Maximum Rollover Benefit

Your plan includes a Maximum Rollover Benefit, which allows you to rollover a portion of your unused Annual Maximum Benefit to the following plan year and help offset costs for more expensive services such as implants or crowns.

- To be eligible for the Rollover Benefit, you must have had at least one cleaning in the benefit year and paid a total claims amount for Preventive, Basic, and Major services under the Rollover Threshold limit.
- The Rollover Amount shown below (up to the Rollover Maximum) is the amount that can be added to your following year's Annual Maximum Benefit.*

| Rollover Threshold | Rollover Amount | Rollover Maximum |
|--------------------|-----------------|------------------|
| \$700 | \$325 | \$1,300 |

* The maximum rollover benefit is not available to pay for orthodontics services.



Exclusions and Limitations

We encourage members to request a pre-treatment estimate for major services or services that are expected to exceed \$300.

The Policy contains exclusions and limitations, and unless identified in the Schedule of Covered Procedures, no benefits will be paid for the following:

- Any service that doesn't meet professionally recognized standards of dental practice or is considered to be experimental.
- Any service on a tooth with a guarded, questionable, or poor prognosis.
- Any service used solely to alter occlusal vertical dimensions, restore or maintain occlusion, treat a condition resulting from attrition, abrasion, erosion, or abfraction, or splint or stabilize teeth for periodontal reasons.
- Any service provided solely for cosmetic reasons, such as teeth whitening, characterization, or personalization of a dental prosthesis, or odontoplasty.
- Replacement of a lost, missing, or stolen appliance or dental prosthesis, or the fabrication of a spare appliance or dental prosthesis.
- Upgrading from one appliance or dental prosthesis to another appliance or dental prosthesis, such as replacing a bridge with a dental implant or replacing a denture with a bridge.
- A temporary or provisional appliance or dental prosthesis, unless it is an interim partial denture that replaces anterior teeth extracted while this coverage was in place. These are the incisor and cuspid teeth located in the front of the mouth.
- Overdentures and related services, including root canal therapy on teeth supporting the overdenture.
- Any educational or instructional service such as oral hygiene instruction, tobacco counseling or nutritional counseling.
- Bite registration, bite analysis or occlusion analysis - mounted case.
- Maxillofacial prosthetics to repair facial or skeletal anomalies, maxillofacial surgery, orthognathic surgery, or any oral surgery requiring the setting of a fracture or dislocation that results from or is incidental to a medical condition.
- Any service intended to treat or diagnose disorders of the temporomandibular joint (TMJ).
- Charges for implants unless specified in the Covered Procedures, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures, and any associated surgery, or other customized services or attachments.
- Treatment of malignancies, cysts, and neoplasms.
- Replacement of 3rd molars.
- Restorations used to restore teeth with micro fractures or fracture lines, undermined cusps, or large existing restorations without over pathology.

Other exclusions may apply, refer to the Schedule of Covered Procedures for a complete list.

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. During a single visit, multiple periapical and bitewing x-rays may be paid as a full-mouth x-ray.

Alternate Benefit:

There are multiple options for dental treatment, all of which provide acceptable results. An alternate benefit may be applied if there is a less expensive Covered Procedure appropriate for the course of treatment, capable of producing acceptable results. When an Alternate Benefit is applied, the less expensive Alternate Benefit is used to determine the amount payable under the certificate.

Network:

Network access plan available.

Termination of Coverage:

If applicable, child coverage terminates at age 26.

Questions? Give us a call at (855) 810-3301

The Insured has a right to receive, free of charge, a paper copy of the certificate of coverage and any amendments at any time. The Insured can exercise the right to receive a paper copy at no cost to the Insured by calling us at (855) 810-3301.

The information contained in this benefit highlight sheet is a brief summary of coverage benefits, limitations, and exclusions. Complete information is contained in the policy and certificate. In the event of a discrepancy, the policy and certificate control.

Policy Form Series: PLADNPOL22 and PLADNCERT22. Form numbers, provisions and availability may vary by state. The state approved form is the governing document. Dental policy forms issued in Idaho include PLADNPOL22-ID and PLADNCERT22-ID.

Dental insurance plans are underwritten by Pacific Life & Annuity Company (Pacific Life).

Pacific Life refers to Pacific Life Insurance Company and its subsidiary Pacific Life & Annuity Company. Insurance products can be issued in all states, except New York, by Pacific Life Insurance Company and in all states by Pacific Life & Annuity Company. Product/material availability and features may vary by state. Each insurance company is solely responsible for the financial obligations accruing under the products it issues.

The home office for Pacific Life & Annuity Company is located in Phoenix, Arizona. The home office for Pacific Life Insurance Company is located in Omaha, Nebraska.

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