**Summary of HOW® Enhanced Benefits**

Health through Oral Wellness® (HOW®) is designed to enhance Delta Dental of Oklahoma members’ existing dental plan by providing additional preventive benefits to members at higher risk for caries and/or periodontal disease, based on the results of the HOW® approved assessment performed in a dental office.

A summary of qualifying scores and corresponding benefits is below. There are three (3) scores associated with HOW® enhanced benefits for our members. If a member receives at least one (1) qualifying score he/she will receive the benefits outlined in the top section. Additional benefits (listed in the lower section) are specific to the assessment scores indicated.

Enhanced benefits are subject to change and to standard policy provisions, including but not limited to, coinsurance percentages, copayments and plan maximums.

<table>
<thead>
<tr>
<th>ASSESSMENT SCORE</th>
<th>ENHANCED BENEFITS*</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth Decay Risk Score 4-5</td>
<td>Child or Adult Prophy</td>
<td>Combination up to four (4) per 12 months¹</td>
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<tr>
<td>AND/OR</td>
<td></td>
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<tr>
<td>Gum Disease Risk Score 4-5</td>
<td>Scaling in the Presence of Gingival Inflammation</td>
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<tr>
<td>OR</td>
<td>Periodontal Maintenance</td>
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<tr>
<td>AND/OR</td>
<td>Nutritional Counseling</td>
<td>One (1) per 12 months²</td>
</tr>
<tr>
<td>Gum Disease Score 37-100</td>
<td>OR</td>
<td></td>
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<tr>
<td></td>
<td>Oral Hygiene Instruction</td>
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</tbody>
</table>

*Enhanced benefits are subject to change.

In addition to the benefits above, you will also receive the benefit(s) corresponding with the score(s) below.

<table>
<thead>
<tr>
<th>ASSESSMENT SCORE</th>
<th>BENEFITS</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth Decay Risk Score 4-5</td>
<td>Caries Susceptibility Test</td>
<td>One (1) per 12 months</td>
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<tr>
<td></td>
<td>Fluoride Varnish</td>
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<td></td>
<td>OR</td>
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<tr>
<td></td>
<td>Topical Fluoride</td>
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<td></td>
<td>Sealants</td>
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<td></td>
<td></td>
<td>Combination up to four (4) per 12 months</td>
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<tr>
<td></td>
<td>Tobacco Cessation Counseling</td>
<td>One (1) per 12 months²</td>
</tr>
<tr>
<td>Gum Disease Risk Score 4-5</td>
<td>(in lieu of nutritional counseling or oral hygiene instruction)</td>
<td></td>
</tr>
<tr>
<td>AND/OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum Disease Score 37-100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Combination of prophylaxis, scaling in the presence of gingival inflammation and/or periodontal maintenance not to exceed four (4) in a 12-month period.

²Either one (1) nutritional counseling, or one (1) oral hygiene instruction, or one (1) tobacco cessation counseling (if patient has qualifying gum disease score) is covered in a 12-month period.

³Sealants are a covered benefit based on caries risk assessment for unrestored primary molars, and for unrestored permanent premolars and molars; one (1) sealant per tooth every 36 months.

For additional information about HOW® enhanced benefits, please visit DeltaDentalOK.org/HOW.