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**Coverage Summary for
Ginkgo Bioworks, Inc.
(High Option)
Group # 016086-9902**

**Deductible: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories.
Calendar Year Maximum: \$2,000 per person.**

Category / Procedure	Qualifications	Co-insurance	
		In Network	Out of Network*
Diagnostic Comprehensive Evaluation Periodic Oral Exam Panoramic or Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months. Twice per calendar year Once every 60 months. Twice per calendar year As needed.	100%	90%
Preventive Teeth Cleaning Fluoride Treatments	Three per calendar year Twice per calendar year for members up to age 14.	100%	90%
Restorative Silver Fillings White Fillings Protective Restorations Stainless Steel Crowns Sealants Space Maintainers	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Once per tooth. Once every 24 months per tooth (on primary teeth only). Unrestored permanent molars, every 4 years per tooth for members up to age 14. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.	90%	70%
Oral Surgery Extractions General Anesthesia	Once per tooth. General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only (up to one hour).	90%	70%
Periodontics (on natural teeth only) Periodontal Surgery Scaling and Root Planning Bone Grafts/GTR <i>Periodontal Cleaning</i>	One surgical procedure per quadrant in 36 months. Once in 24 months, per quadrant. No more than 2 quadrants per date of service. No more than 2 teeth per quadrant per 36 months on natural teeth. <i>4 times per calendar year following active periodontal treatment. Not to be combined with preventive cleanings.</i>	90% 100%	70% 90%
Endodontics Root Canal Treatment Root Canal Retreatment Vital Pulpotomy	Once per tooth. Once per tooth after 24 months have elapsed from initial treatment Limited to deciduous teeth.	90%	70%
Prosthetic Maintenance Bridge or Denture Repair Crown or Onlay Repair Rebase or Reline of Dentures Recement of Crowns & Onlays, Bridges	Once per bridge/denture per 12 months, after 24 months of initial insertion. Once per tooth per 12 months after 24 months of initial placement Once per denture within 36 months. Once per crown, onlay or bridge.	90%	70%
Emergency Dental Care Palliative Treatment	Three occurrences in 12 months.	90%	70%
Prosthodontics Dentures Fixed Bridges Implants Implant Abutments	Once within 36 months (age 16 and older). Once within 36 months (age 16 and older). Once per 60 months per Implant. Once per implant only when surgical implant is benefitted.	60%	50%
Major Restorative Crowns or Onlay Cast Posts/Buildups	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older). Once per tooth per 60 months only benefitted to retain a crown.	60%	50%
Orthodontics: Covered at 50% of Maximum Plan Allowance charges up to any age. \$1,000 separate LIFETIME maximum. Orthodontic treatment must be administered/supervised by a licensed dentist.			

Additional Benefit Information

Deductible waived for periodontal cleanings. Domestic

Partner coverage is available

All procedures are subject to Delta Dental of Massachusetts guidelines.

We encourage the use of a pre-estimate for services that will cost upwards of \$300.

Dependent Eligibility - Eligible dependents up to age 26.

TMJ - Occlusal adjustments, but not more than once in a 12 month period. Non-surgical treatment of temporomandibular joint disorders. This includes cone beam imaging and TMJ non-invasive physical therapies. However, cone beam imaging for such treatment will not be covered more than once for the same tooth position in a 60 month period and TMJ non-invasive physical therapies will not be covered more than once in a 12 month period.

This plan is eligible for Rollover Maximum: Rollover Max dollars do not apply to orthodontic services. To qualify for Rollover Max, you must receive at least one cleaning or oral exam in the plan year. You must be enrolled for dental coverage before the 4th quarter of the calendar year and your paid claims must not exceed the maximum "threshold" amount

Your calendar year maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$2,000	\$800	\$600	\$1,500

*Non-participating dentists may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

Delta Dental PPO *Plus Premier*



Easy Access and Great Value - Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 283,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 358,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier networks.

- Both networks offer discounted fees and a no balance billing policy.
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees.
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and the no balance billing policy do not apply.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://www.deltadentalma.com/members/discounts-on-covered-services/>

Simply visit www.deltadentalma.com to find a participating dentist in your area.

Learn more at deltadentalma.com

Visit the member area of www.deltadentalma.com to find plan information, review eligibility status, check on claim status, or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

You can also find more information about your plan in the Delta Dental Member Guide, available from your benefits administrator or online at www.deltadentalma.com. In the guide, you can learn how to use your benefits, how to find a dentist or specialist, how to access online resources, and more about keeping a healthy mouth for life.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Your Plan is Administered by:
Delta Dental of Massachusetts
1-800-872-0500
www.deltadentalma.com

465 Medford Street
Boston, MA 02129

Rollover Max

With *Rollover Max* from Delta Dental, you won't lose what you don't use.

Thanks to the *Rollover Max* benefit from Delta Dental, you can save some of your unused benefit dollars to be applied to future services that would otherwise exceed your plan maximum.

Rollover Max is easy and automatic.

- To qualify for *Rollover Max*, you must receive at least **one cleaning or oral exam in the plan year**. If you don't receive a cleaning or exam, you won't be eligible to rollover any of your benefit dollars to the following year.
- In addition, your paid claims must not exceed the Plan Year Maximum "threshold" amounts outlined in the chart below.
- Once you qualify, some of your unused annual Plan Year maximum benefit dollars will automatically rollover for use in your next plan year and beyond. The amounts are outlined in the chart below.
- Annual Plan Year Maximum dollars are used first. *Rollover Max* dollars are used after the annual Plan Year Maximum is met.
- *Rollover Max* dollars cannot be applied to orthodontic treatment.
- You must be enrolled for dental coverage before the 4th quarter of the plan (10/1-12/31) to qualify for the rollover that year.

Rollover Max increases your dental benefit value.

You get more flexibility in planning and paying for your dental care, as well as the peace of mind knowing you have more benefits—if you need them, when you need them. Best of all, *Rollover Max* comes as part of your Delta Dental coverage.

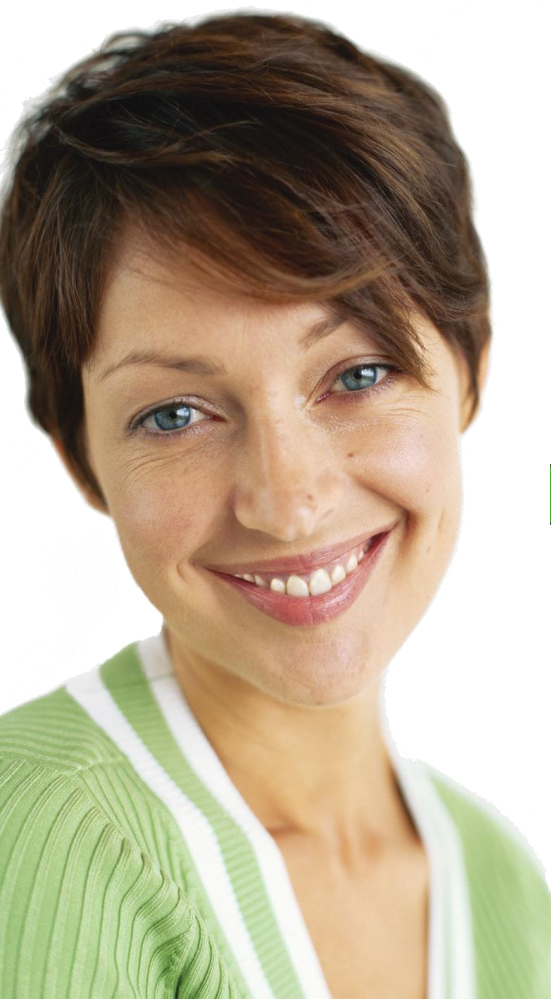
How *Rollover Max* works.

The chart below shows how *Rollover Max* is calculated based on your plan's annual Plan Year Maximum level.

Your Plan Year Maximum benefit amount.	If your total yearly claims don't exceed this threshold amount...	Then you can roll over this amount to use next year, and beyond.	Your accumulated rollover total is capped at this amount.
\$1,500	\$700	\$500	\$1,250

How to check your *Rollover Max* balance online:

- Log on to your account at www.deltadentalma.com. (You'll need to register if this will be your first visit.)
- Click on *Benefit Maximums*.
- The rollover amount for each member will be listed under *Rollover Maximum*.





ENROLLMENT FORM
PLEASE PRINT OR TYPE
BE SURE FORM IS COMPLETED IN FULL TO ENSURE ENROLLMENT

Delta Dental of Massachusetts
PO Box 9695
Boston, Massachusetts 02114

1. SOCIAL SECURITY NO.*	2. LAST NAME*	3. MIDDLE INITIAL	4. FIRST NAME*	5. DATE OF BIRTH* (MM/DD/CCYY)
6. GENDER	7. SUBGROUP NUMBER (10 digits)*	8.SUBGROUP NAME*		9. EFFECTIVE DATE* (MM/DD/CCYY)
10. HOME ADDRESS*		11. CITY*	12. STATE*	13. ZIP*
14. HOME PHONE	15. CELLULAR PHONE	16. WORK PHONE	17. EMAIL ADDRESS	
18. RACE		19. LANGUAGE		

* THIS FIELD IS REQUIRED

PLAN SELECTION

20. PLAN: Select plan you are enrolling in:

☐ Delta Dental Premier

☐ Delta Dental PPO

☐ Delta Dental PPO Plus Premier

☐ DeltaCare

☐ The Value Plan

If DeltaCare or the Value Plan is selected, each subscriber & dependant must choose a DeltaCare Primary Care Dentist (PCD)

PLEASE LIST ALL ELIGIBLE DEPENDENT(S) COVERED UNDER YOUR POLICY

21. FIRST NAME	22. LAST NAME	23. DATE OF BIRTH (MM/DD/CCYY)	24. GENDER M/F	25. FULL TIME STUDENT Y/N	26. FACILITY # (DELTACARE)	DELTACARE OR VALUE PLAN ONLY		
						27. CHOOSE A PCD FOR EACH COVERED INDIVIDUAL	28. PROVIDER #	29. DO YOU CURRENTLY USE THIS DENTIST
SPOUSE								
CHILDREN								

30. REASON FOR SUBMISSION (CHECK ONE)

☐ NEW ADD ☐ TERMINATION ☐ DEMOGRAPHIC CHANGE ☐ SUBGROUP TRANSFER

SUBSCRIBER SIGNATURE DATE

BENEFIT ADMINISTRATOR AUTHORIZATION DATE



Delta Dental mobile app

Manage your benefits anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, check claims and coverage, view ID cards and more, right on your mobile device.



Getting started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.



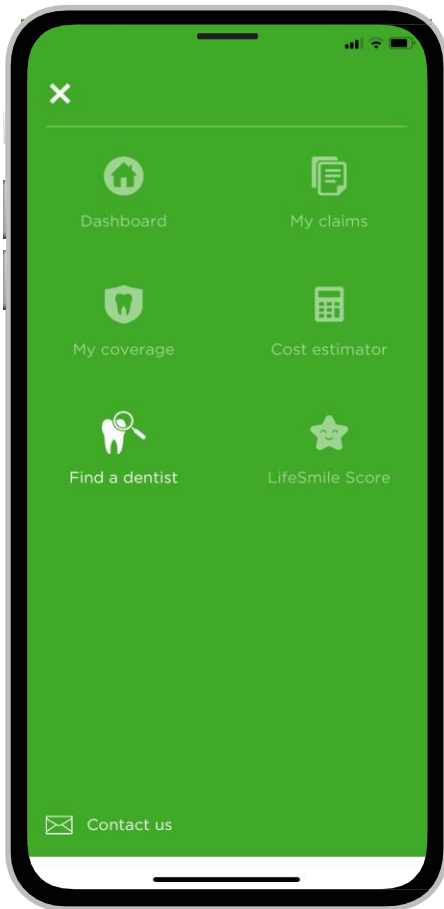
SCAN TO DOWNLOAD
DELTA DENTAL MOBILE

Logging in to view benefits

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental mobile app.

Delta Dental mobile app features

Log in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.

My coverage and my claims

View information on your plan and coverage details, and check the status of claims for you and your family. Easily add your dependents to your account so you can access the whole family's coverage in one spot.

Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

Dental Care Cost Estimator*

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.

LifeSmile™ Score

Do you know how your smile scores? Learn more about your personal oral health risk profile by taking our simple risk assessment survey.

*Feature not available in all geographic areas and is subject to dentist participation.

Secure access to your benefits

You must log in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Keeping your teeth clean is easier – and less expensive – than ever

As a member of Delta Dental, you can now take advantage of significant discounts on two kinds of Z Sonic toothbrushes, as well as replacement heads.

With your member discount, you can get the premier Z Sonic toothbrush for \$59.95, \$140 off the Manufacturer's Suggested Retail Price (MSRP). The offer also includes 2 brush heads & 1 charging base. And as a member you also get discounts on replacement heads.

The Z Sonic pulses 31,000 – 48,000 times a minute and features 5 brushing modes (Clean, Whiten, Polish, Massage, and Sensitive) to customize your tooth cleaning experience.



Take Your Sonic Cleaning on the Road

If you travel and want to keep your mouth healthy on the road, you can also pick up a Z Sonic travel toothbrush for \$14.50. This portable, battery powered, toothbrush gives you the benefits of sonic brushing in a size that can fit in your carry on, in the glove compartment or in your desk drawer.



Save On Replacement Heads Too

You can also get replacement heads for both the Z Sonic or Z Sonic Mini at 50% off retail costs.

And if you buy replacement heads and the toothbrush together, you can get FREE shipping.

Here's How to Order:

Online

- Go to: myzsonic.com/DDMA
- Add products to your cart
- Enter payment information

By Phone

- Call **1-888-228-7706**
- **Be sure to mention that you are a Delta Dental of Massachusetts member**

Discount Codes:

- Z Sonic – \$59.95 (MSRP: \$199.95)
- 4 Regular Brush Heads – \$21.88 (MSRP: \$43.76)
- 4 Premium Brush Heads – \$25.88 (MSRP: \$51.76)
- Z Sonic Mini Travel Toothbrush – \$14.50
Promo Code: DDMA4 (MSRP: \$19.95)
- 4 Z Sonic Mini Brush Heads – \$14.00 (MSRP: \$28.00)

Delta Dental of Massachusetts is an Independent Licensee of the Delta Dental Plans Association. *Registered Marks of the Delta Dental Plans Association. Delta Dental of Massachusetts and Z Sonic are independent, unaffiliated companies.

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00.

If you begin your orthodontic treatment while you are with Delta Dental Plan:

Before you begin treatment, you need to have your dentist submit a pre-treatment estimate to Delta Dental Plan. Your coverage will be determined based on that estimate.

Consider the following example.

The dentist's fee	\$3,600
Usual & customary fee for this service	\$3,400
Allowed fee (the lower of your dentist's fee or the usual & customary fee)	\$3,400
Coverage level	50%
Amount covered (before lifetime maximum is applied)	\$1,700
Lifetime maximum	\$1,500
Delta Dental's payment (subject to the lifetime of maximum)	\$1,500
Patient responsibility (difference between the dentist's fee and Delta's payment)	\$2,100

If you begin your orthodontic treatment before your join Delta Dental Plan:

You or your dentist need to provide Delta Dental Plan with an estimate of the total cost of your treatment. Your coverage will be determined based on that estimate and the number of active monthly treatments you'll receive while you're covered by Delta Dental.

Consider the following example.

The dentist's fee	\$3,600
Usual & customary fee for this service	\$3,400
Allowed fee (the lower of your dentist's fee or the usual & customary fee)	\$3,400
Cost of consultation and banding (30% of the allowed fee: not covered)	\$1,020
Cost of active treatments (70% of the allowed fee)	\$2,380
Total months of active treatment (in the dentist's treatment plan)	24
Monthly cost for active treatments (cost of active treatment/months of active treatment)	\$99
Months of treatment remaining (after your Delta Dental effective date of coverage)	21
Amount we base coverage on (monthly cost of active treatment x months remaining)	\$2,082
Coverage level	50%
Amount covered (before lifetime maximum is applied)	\$1,041
Lifetime maximum	\$1,500
Delta Dental's payment	\$1,041

If you have any questions about your dental or orthodontic coverage, please contact our Customer Service Department at 1-800-872-0500.