DELTA DENTAL

Delta Dental of Illinois
Dental Benefit Highlight Sheet

QCR Holdings Inc., Group #20543

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you thedental benefits program: Delta Dental PPO Plus Delta Dental Premier.

Delta Dental PPO Plus Premier

On the reverse side of this sheet is a summary of your plan coverage*. Please also see the enclosed sheet, "How You Can Save with a Delta Dental Network Dentist," which provides an example of your out-of-pockets costs with network dentists and a non-network dentist.

With Delta Dental PPO Plus Premier:

- You can go to any licensed general orspecialty dentist.
- You will maximize your benefits by receivingcare from a Delta Dental PPO or Delta Dental Premier network dentist.
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share** atthe time of treatment. Delta Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search. Please see the enclosed"How to Find a Network Dentist" sheet for more details.

Example of Your Copayment with Delta DentalNetwork Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features (please see enclosed pieces for more information):

- Enhanced Benefit Program offers additionalcoverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, suppressed immune systems, and special needs) that can be positively affected by additional oral health care.

Customer Service

The enclosed Member Connection sheet explains how to register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, andoffers dentist listings and claim information.

You can also connect with us through our mobileapp, Facebook, Twitter, our blog and more. See the enclosed sheets on connecting with us.

Learn More

You can learn more about your Delta Dental ofIllinois dental plan by reading the information included in your enrollment kit.

*The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on theexpenses for which your dental plan pays If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does notcover.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

PPOPREF

QCR Holdings Inc Plan Design Summary

Annual Deductible Deductible applies to Basic, Major and Ortho services	$25/ person; $50/ family
Annual Maximum Maximum applies to Basic and Major services only	$1500/ person
***Separate Lifetime Maximum Sealants *Benefit is excluded from regular annual maximum*	$120/person
To Go℠ Carryover Feature	Not Included
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.
Lifetime Orthodontic Maximum Dependent Children to Age 26 Adults are eligible for coverage	$1500/ person

	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; full mouth-1 per 3 years)	100%	100%	100%
• Fluoride treatments (twice per benefit year to age 19)	100%	100%	100%
BASIC SERVICES (no waiting period)			
• Space maintainers (to age 14)	80%	80%	80%
• ***Sealants (to age 16)	80%	80%	80%
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• X-rays (all others)	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
• Crowns, onlays, and other ceramic restorations to permanent teeth	80%	80%	80%
• Recementing of bridges, crowns or inlays	80%	80%	80%
• Occlusal guards	80%	80%	80%
MAJOR RESTORATIVE SERVICES (no waiting period)			
• Oral surgery (surgical extractions including general anesthesia)	50%	50%	50%
• Oral surgery (all other)	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, reline, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Crown and bridge repairs	50%	50%	50%
ORTHODONTICS (no waiting period) Dependent Children to Age 26; Adults are eligible for coverage	50%	50%	50%

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*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers discounts of 25% - 30% off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th percentile of "reasonable and customary" charges.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.