



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 9936-0001 Oakland County

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below will be applied to the lesser of the dentist's submitted fee and Delta Dental's allowance for each service. Delta Dental's allowance may vary by the dentist's network participation. PLEASE NOTE - If you choose a Nonparticipating Dentist, you will be responsible for any difference between the amount Delta Dental allows and the amount the Nonparticipating Dentist charges, in addition to any Copayment or Deductible.

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Class I			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Periodontal Maintenance - cleanings by a specialist	100%	100%	100%
Class II			
Radiographs - X-rays	85%	85%	85%
Minor Restorative Services - fillings and crown repair	85%	85%	85%
Endodontic Services - root canals	85%	85%	85%
Periodontic Services - to treat gum disease	85%	85%	85%
Oral Surgery Services - extractions and dental surgery	85%	85%	85%
Major Restorative Services - crowns	85%	85%	85%
Other Basic Services - misc. services	85%	85%	85%
Relines and Repairs - to bridges and dentures	85%	85%	85%
Class III			
Prosthodontic Services - includes bridges, implants, and dentures	50%	50%	50%
Class IV			
Orthodontic Services - includes braces	50%	50%	50%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable twice per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.

- Porcelain crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,250 per person total per benefit year on all services except orthodontics. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$25 deductible per person total per benefit year limited to a maximum deductible of \$50 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, periodontal maintenance (cleaning), and orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered as shown in the following chart:

Date of Hire From	Through	Eligible for Coverage
January 1	January 31	April 1
February 1	February 28 or 29	May 1
March 1	March 31	June 1
April 1	April 30	July 1
May 1	May 31	August 1
June 1	June 30	September 1
July 1	July 31	October 1
August 1	August 31	November 1
September 1	September 30	December 1
October 1	October 31	January 1
November 1	November 30	February 1
December 1	December 31	March 1

Eligible People – All full-time employees of the Contractor who choose the High Plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor pays the full cost of this plan.

Also eligible are your legal spouse, your dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.