



**DeltaPreferred Option point-of-service USA  
Summary of Dental Plan Benefits  
For Group#0009936-0001  
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. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

**Control Plan** - Delta Dental Plan of Michigan

**Benefit Year** - January 1 through December 31

| Covered Services -  | DPO Member Dentist |         | DeltaPremier or Nonparticipating Dentist |         |
|---|--------------------|---------|--|---------|
|   | Plan Pays          | You Pay | Plan Pays                                | You Pay |
| <b>Class I Benefits</b>   |                    |         |  |         |
| <b>Diagnostic and Preventive Services</b> - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments) | 100%               | 0%      | 100%                                     | 0%      |
| <b>Emergency Palliative Treatment</b> - Used to temporarily relieve pain  | 100%               | 0%      | 100%                                     | 0%      |
| <b>Class II Benefits</b>  |                    |         |  |         |
| <b>Radiographs</b> - X-rays   | 85%                | 15%     | 85%                                      | 15%     |
| <b>Oral Surgery Services</b> - Extractions and dental surgery, including preoperative and postoperative care  | 85%                | 15%     | 85%                                      | 15%     |
| <b>Endodontic Services</b> - Used to treat teeth with diseased or damaged nerves (for example, root canals)   | 85%                | 15%     | 85%                                      | 15%     |
| <b>Periodontic Services</b> - Used to treat diseases of the gums and supporting structures of the teeth   | 85%                | 15%     | 85%                                      | 15%     |
| <b>Relines and Repairs</b> - Relines and repairs to bridges and dentures  | 85%                | 15%     | 85%                                      | 15%     |
| <b>Minor Restorative Services</b> - Used to repair teeth damaged by disease or injury (for example, fillings)   | 85%                | 15%     | 85%                                      | 15%     |
| <b>Major Restorative Services</b> - Used when teeth can't be restored with another filling material (for example, crowns)                                       | 85%                | 15%     | 85%                                      | 15%     |
| <b>Class III Benefits</b>   |                    |         |  |         |
| <b>Prosthodontic Services</b> - Used to replace missing natural teeth (for example, bridges and dentures)   | 50%                | 50%     | 50%                                      | 50%     |
| <b>Class IV Benefits</b>  |                    |         |  |         |
| <b>Orthodontic Services (to age 19)</b> - Used to correct malposed teeth and/or facial bones (for example, braces)  | 50%                | 50%     | 50%                                      | 50%     |

Benefits for prophylaxes, fluoride treatment, oral examinations and bitewing X-rays are payable twice per calendar year. Benefits for full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

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're outside of the United States through our partnership with International SOS Assistance, Inc. This partnership gives you access to the International SOS (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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 I-SOS information sheet.

**Maximum Payment** - \$1,250 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$1,000 per eligible person.

**Deductible** - \$25 deductible per person total per benefit year limited to a maximum deductible of \$50 per family per benefit year on Class II and Class III Benefits. The deductible does not apply to Class I or Class IV Benefits.

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

| Date of Hire<br>From | Through       | Eligible for<br>Coverage |
|----------------------|---------------|--------------------------|
| Jan. 1               | Jan. 31       | April 1                  |
| Feb. 1               | Feb. 28 or 29 | May 1                    |
| March 1              | March 31      | June 1                   |
| April 1              | April 30      | July 1                   |
| May 1                | May 31        | Aug. 1                   |
| June 1               | June 30       | Sept. 1                  |
| July 1               | July 31       | Oct. 1                   |
| Aug. 1               | Aug. 31       | Nov. 1                   |
| Sept. 1              | Sept. 30      | Dec. 1                   |
| Oct. 1               | Oct. 31       | Jan. 1                   |
| Nov. 1               | Nov. 30       | Feb. 1                   |
| Dec. 1               | Dec. 31       | March 1                  |

**Eligible People** - All full-time employees of the contractor (your employer) who choose the High Plan and all individuals who are eligible for and elect continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

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. The contractor pays the full cost of this plan.

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