



DeltaPreferred Option point-of-service USA
Summary of Dental Plan Benefits
For Group#0009936-0002
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
Class I Benefits				
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	100%	0%	100%	0%
Emergency Palliative Treatment - Used to temporarily relieve pain	100%	0%	100%	0%
Class II Benefits				
Radiographs - X-rays	85%	15%	85%	15%
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	85%	15%	85%	15%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	85%	15%	85%	15%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	85%	15%	85%	15%
Relines and Repairs - Relines and repairs to bridges and dentures	85%	15%	85%	15%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	85%	15%	85%	15%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	85%	15%	85%	15%
Class III Benefits				
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%	50%	50%
Class IV Benefits				
Orthodontic Services (to age 19) - 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 - \$1,000 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 on the first day of the month following one year of service for part-time employees. All other full-time employees will be eligible as shown in the following chart:

Date of Hire From	Through	Eligible for 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 Standard Plan, part-time employees who choose the dental 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.