

**Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 0005439
CSI Insurance Plan and Trust Fund**

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 of Michigan

Benefit Year – September 1 through August 31

Covered Services -

	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	80%	20%
Sealants - to prevent decay of permanent teeth	100%	0%
Brush Biopsy - to detect oral cancer	100%	0%
Radiographs - X-rays	100%	0%
Class II Benefits		
Minor Restorative Services - includes fillings	80%	20%
Periodontic Services - to treat gum disease	80%	20%
Periodontal Maintenance - periodontal cleanings	100%	0%
Endodontic Services - includes root canals	80%	20%
Oral Surgery Services - extractions and dental surgery	80%	20%
Relines and Repairs - to bridges and dentures	80%	20%
Other Basic Services - misc. services	80%	20%
Class III Benefits		
Major Restorative Services - includes crowns	50%	50%
Prosthetic Services - includes bridges and dentures	50%	50%
Implants - endosteal implants to replace missing teeth	50%	50%
Class IV Benefits		
Orthodontic Services - includes braces	50%	50%
Orthodontic Age Limit -	To age 19	

- Oral exams are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year.
- Fluoride treatments are payable once per benefit year for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- 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 the AXA Assistance USA, Inc. worldwide network of dentists and dental clinics. English-speaking AXA Assistance 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 – \$1,000 per person total per benefit year on all services except Orthodontics. \$1,500 per person total per lifetime on Orthodontic Services.

Deductible – \$25 deductible per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year. The deductible does not apply to Diagnostic and Preventive services, X-rays, Sealants, Brush Biopsy, Periodontal Maintenance (cleaning), and Orthodontic services.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month coincident with or following the date of hire.

Eligible People – All hourly and salaried employees working a minimum of 1,000 hours per plan year and classroom teachers working a minimum of 500 hours per plan year who choose the dental plan of Protestant Reformed Christian School and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible at your option 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. Unless this is a Section 125 plan, Subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any Subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The Subscriber pays the full cost of this plan.

Delta Dental will use a carve-out method of coordinating benefits. If the patient has other coverage and that coverage has a higher priority than this plan, this plan's payment for covered services will equal the amount payable under this plan minus the amount paid by the primary carrier. This plan's payment will not exceed the amount that would have been paid in the absence of any other plan.

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