

**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits**

**For Group# 0005439-0001, 0203, 0204, 0206, 0207, 0209, 0211, 0213, 0216,  
0218, 0219, 0221, 0233, 0246, 0257, 0261, 0263, 0268, 0275, 0279, 0280, 0281,  
0282, 0283, 0286, 0288, 0289, 0290, 0294, 0297, 0308, 0310, 0321, 0348, 0508,  
0509, 1327, 1403**

**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. 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** – September 1 through August 31

**Covered Services -**

	<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>Nonparticipating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Class I</b>			
<b>Diagnostic and Preventive Services</b> - includes exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings by a specialist	100%	100%	100%
<b>Class II</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Relines and Repairs</b> - to bridges and dentures	80%	80%	80%
<b>Class III</b>			
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Prosthetic Services</b> - includes bridges, implants, and dentures	50%	50%	50%
<b>Class IV</b>			
<b>Orthodontic Services</b> - includes braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	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 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 five-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 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** – \$1,000 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 and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Contractor pays the full cost of this plan.

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. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

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.

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.