

**Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 0006422-0001  
Genesee ISD**

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** – July 1 through June 30

**Covered Services -**

|  | <b>PPO Dentist</b> | <b>Premier Dentist</b> | <b>Nonparticipating Dentist</b> |
|--|--------------------|------------------------|---------------------------------|
|  | Plan Pays          | Plan Pays              | Plan Pays*                      |
| <b>Class I</b>   |                    |                        |                                 |
| <b>Diagnostic and Preventive Services</b> - includes exams, cleanings, fluoride, and space maintainers | 90%                | 90%                    | 90%                             |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain                                    | 90%                | 90%                    | 90%                             |
| <b>Brush Biopsy</b> - to detect oral cancer  | 90%                | 90%                    | 90%                             |
| <b>Radiographs</b> - X-rays  | 90%                | 90%                    | 90%                             |
| <b>Class II</b>  |                    |                        |                                 |
| <b>Major Restorative Services</b> - includes crowns  | 90%                | 90%                    | 90%                             |
| <b>Minor Restorative Services</b> - includes fillings  | 90%                | 90%                    | 90%                             |
| <b>Periodontic Services</b> - to treat gum disease   | 90%                | 90%                    | 90%                             |
| <b>Endodontic Services</b> - includes root canals  | 90%                | 90%                    | 90%                             |
| <b>Oral Surgery Services</b> - extractions and dental surgery  | 90%                | 90%                    | 90%                             |
| <b>Relines and Repairs</b> - to bridges and dentures   | 90%                | 90%                    | 90%                             |
| <b>Other Basic Services</b> - misc. services   | 90%                | 90%                    | 90%                             |
| <b>Class III</b>   |                    |                        |                                 |
| <b>Prosthodontic Services</b> - includes bridges, implants, and dentures                               | 90%                | 90%                    | 90%                             |
| <b>Class IV</b>  |                    |                        |                                 |
| <b>Orthodontic Services</b> - includes braces  | 90%                | 90%                    | 90%                             |
| <b>Orthodontic Age Limit</b> -   | To age 19          | To age 19              | 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 are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.

- Benefits for diagnostics casts are not limited to Orthodontics.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- Implants and implant related services are payable once per tooth in any five-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 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** – \$2,000 per person total per benefit year on all services except Orthodontics. \$1,500 per person total per lifetime on Orthodontic Services.

**Deductible** – None.

**Waiting Period** – Employees who are eligible for dental benefits are covered after one full day of employment.

**Eligible People** – All teachers of the Contractor who do not have dental through another source 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 and your dependent children.

If you and your spouse are both eligible under this Contract, you may be enrolled together on one application card or separately on individual application cards, but not both. Delta Dental will not coordinate benefits. If you or your dependents have dental coverage under any other Contract, you or your dependents are not eligible for enrollment under this Contract.

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