

## Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 3931-0001, 0099 Oakland University

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** – January 1 through December 31

**Covered Services -**

	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - includes exams, cleanings, and fluoride	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	50%	50%	50%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	50%	50%	50%
<b>Sealants</b> - to prevent decay of permanent teeth	50%	50%	50%
<b>All Other Radiographs</b> - other X-rays	50%	50%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	50%	50%	50%
<b>Endodontic Services</b> - root canals	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to bridges and dentures	50%	50%	50%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	25%	25%	25%
<b>Prosthodontic Services</b> - includes bridges, implants, and dentures	25%	25%	25%
<b>Orthodontic Services</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 calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.

- Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges and substructures are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-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. \$500 per person total per lifetime on orthodontic services.

**Deductible** – \$50 deductible per person total per benefit year. The deductible does not apply to diagnostic services, prophylaxes (cleanings), fluoride, brush biopsy, bitewing x-rays, and orthodontic services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the day of retirement.

**Eligible People** – All retirees who retire on or after January 1, 2001 who choose the dental plan (0001) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Subscriber pays the full cost of this plan.

Also eligible are your legal spouse and your children to the end of the calendar year in which they turn 26, including your adult children regardless of marital status, student status or financial dependence, unless the adult child is eligible for coverage through their employer, and / or dependents who are permanently disabled. 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.

**Other Eligible Adult:**

Dependents and other eligible adults of above mentioned Subscribers are also eligible.

An other eligible adult is defined as follows:

each party is the sole partner of the other;

each party is at least 26 years of age or older and competent to enter into a contract in the state in which they reside;

both parties currently share a common legal residence and have shared said residence for at least 18 months prior to application for other eligible adult coverage;

neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;

both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;

both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and

neither party filed a Termination of Domestic Partnership within the preceding nine months.

children of the other eligible adult are eligible provided they meet all the provisions for eligible children.

Your eligible children may be enrolled on both application cards as well.

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.

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

Changing Covered Services effective January 1, 2012.