△ DELTA DENTAL



Delta Dental Premier Summary of Dental Plan Benefits For Group# 0000355-0004 Bendle Schools

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 - July 1 through June 30

Covered Services -

	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	80%	20%
Emergency Palliative Treatment - to temporarily relieve pain	80%	20%
Brush Biopsy - to detect oral cancer	80%	20%
Radiographs - X-rays	80%	20%
Class II Benefits		
Periodontic Services - to treat gum disease	80%	20%
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%
Major Restorative Services - includes crowns	80%	20%
Minor Restorative Services - includes fillings	80%	20%
Class III Benefits		
Prosthodontic Services - includes bridges and dentures	80%	20%
Implants - endosteal implants to replace missing teeth	80%	20%
Class IV Benefits		
Orthodontic Services - includes braces	50%	50%
Orthodontic Age Limit -	to age 19	

- Oral exams are payable twice in any period of 12 consecutive months.
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics.
- Benefits for diagnostics casts are not limited to Orthodontics.
- 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.
- > Implants and implant related services are payable once per tooth in any five-year period.
- Vestibuloplasty and excision of odontogenic tumors are Covered Services.
- 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.
- Composite resin (white) restorations and porcelain crowns are optional treatment on posterior teeth.

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 International SOS Assistance (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 Passport Dental information sheet.

Maximum Payment - \$1,000 per person total per contract year on all services, except Orthodontics. \$1,000 per person total per lifetime on Orthodontic Services.

Deductible - None.

Waiting Period - Employees who are eligible for dental benefits are covered on the first day of employment.

Eligible people - All teachers who do choose the Contractor-sponsored medical health program.

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 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.