

**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 0000860-0002
Owosso Public 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. 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 -

	PPO Dentist	Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Class I			
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	75%	75%	75%
Emergency Palliative Treatment - to temporarily relieve pain	75%	75%	75%
Brush Biopsy - to detect oral cancer	75%	75%	75%
Radiographs - X-rays	75%	75%	75%
Class II			
Major Restorative Services - includes crowns	75%	75%	75%
Minor Restorative Services - includes fillings	75%	75%	75%
Periodontic Services - to treat gum disease	75%	75%	75%
Endodontic Services - includes root canals	75%	75%	75%
Oral Surgery Services - extractions and dental surgery	75%	75%	75%
Relines and Repairs - to bridges and dentures	75%	75%	75%
Other Basic Services - misc. services	75%	75%	75%
Class III			
Prosthodontic Services - includes bridges, implants, and dentures	50%	50%	50%
Class IV			
Orthodontic Services - includes braces	75%	75%	75%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

*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 Covered Services 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. \$2,000 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 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 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.